

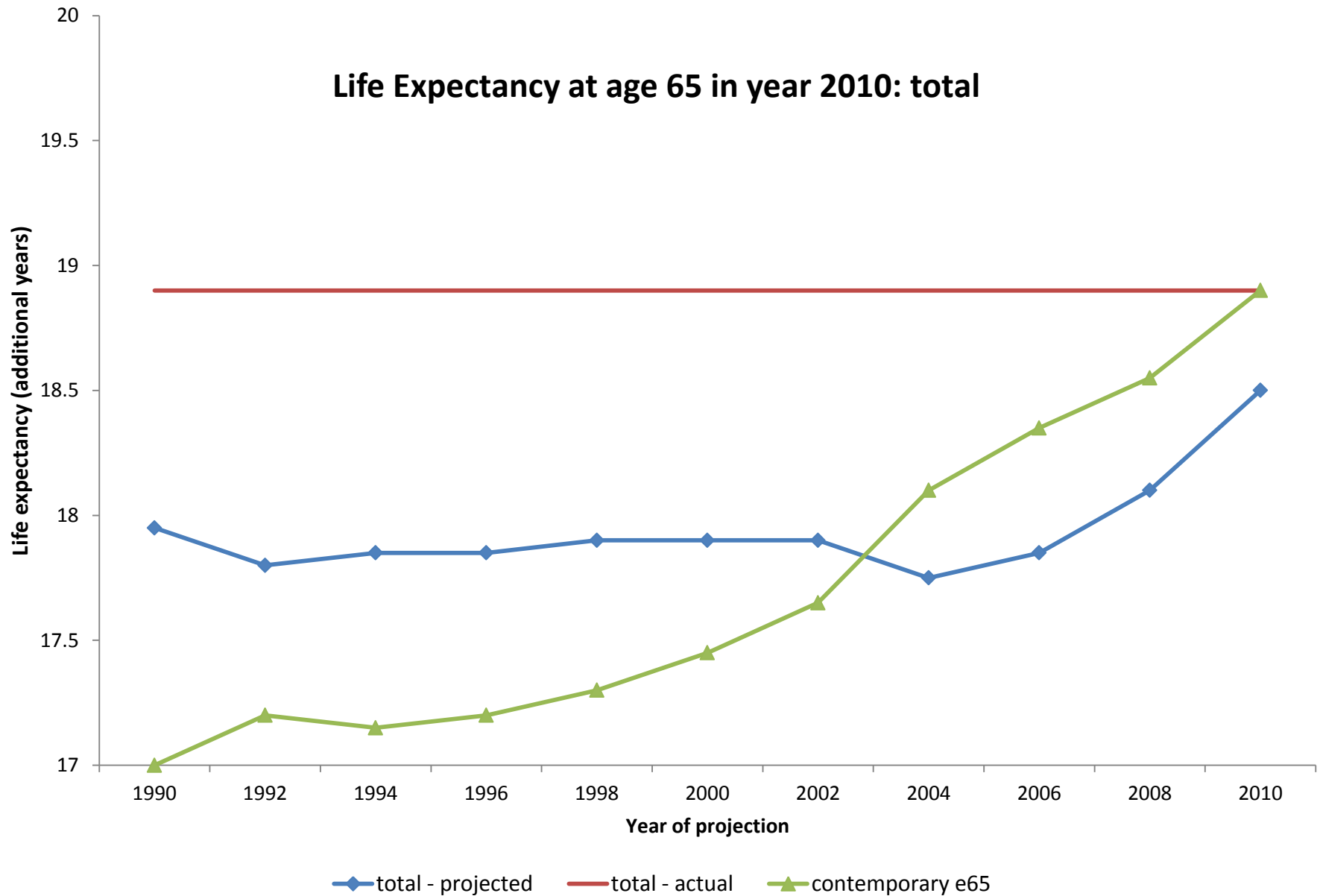
Remarks to the Technical Panel on Assumptions and Methods, Social Security Advisory Board

Samuel Preston
Population Studies Center
University of Pennsylvania
May 7, 2015

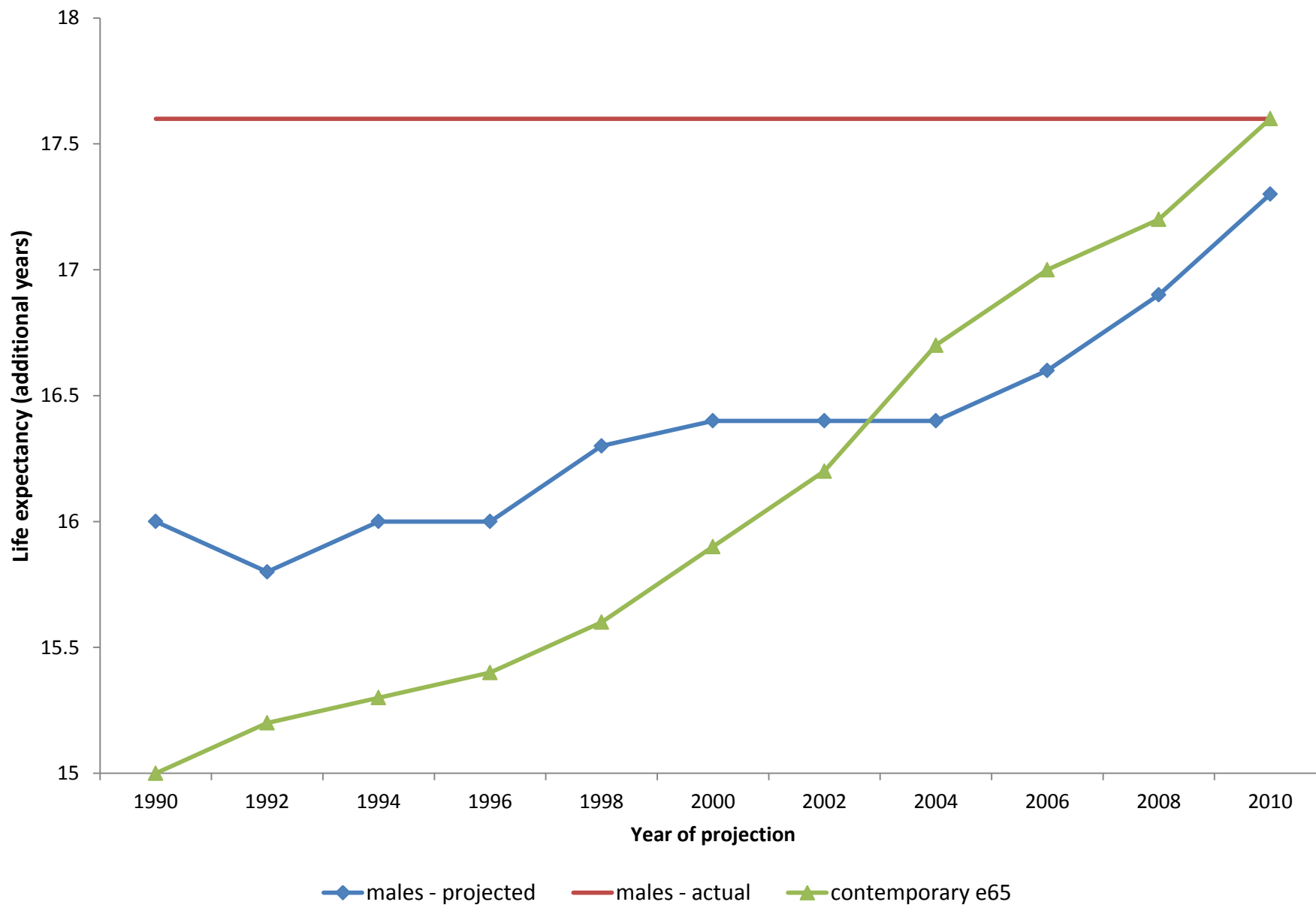
Outline

- Success of SSA projections of life expectancy at age 65
- Nostalgic return to Technical Panel report of 1995
- Mortality trends (brief)
- U.S. mortality compared to other countries
 - Medical system failures? (no)
 - Smoking histories? (yes)
 - Obesity? (maybe)
- U.S. projections of effects of changes in smoking and obesity

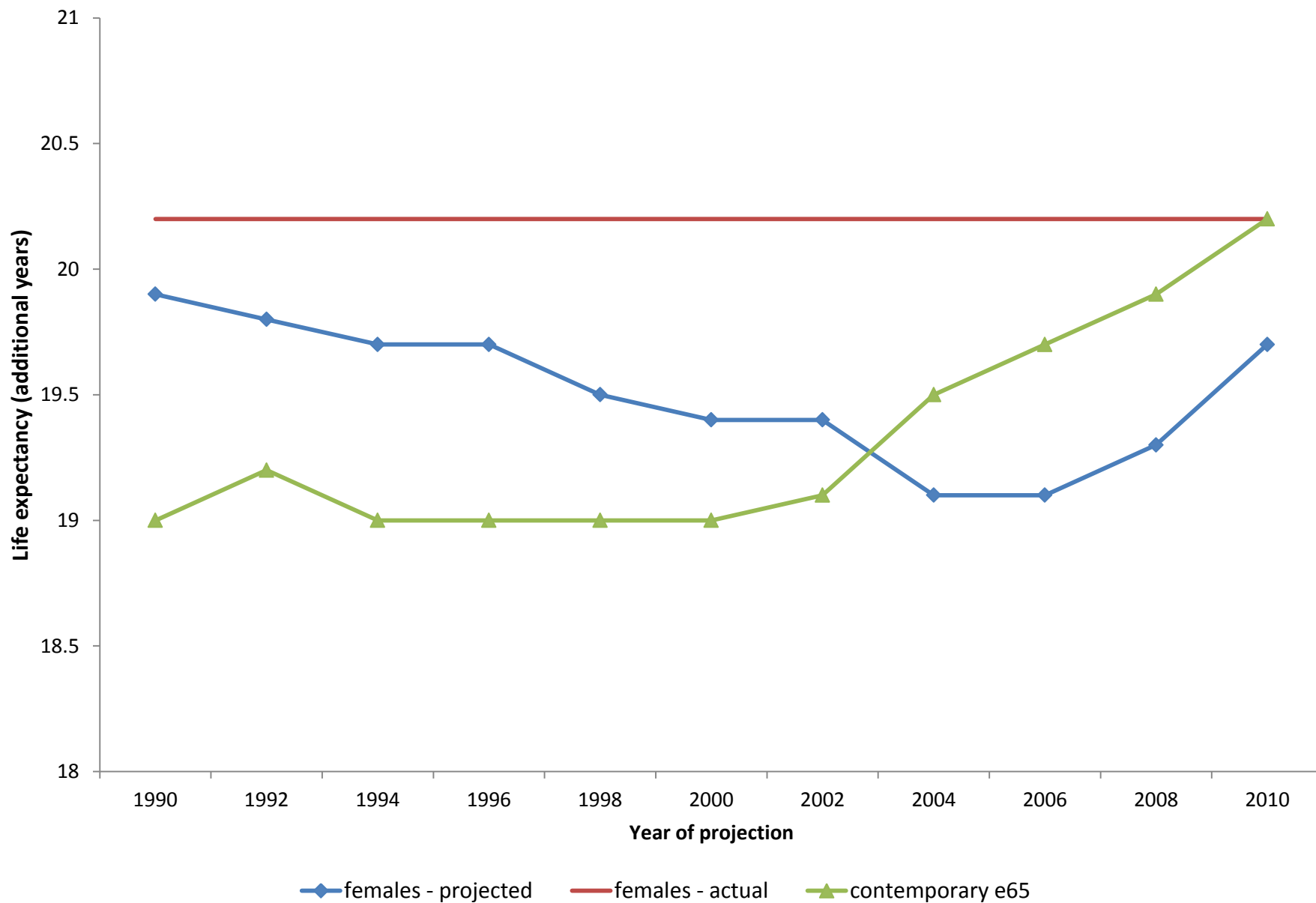
Life Expectancy at age 65 in year 2010: total



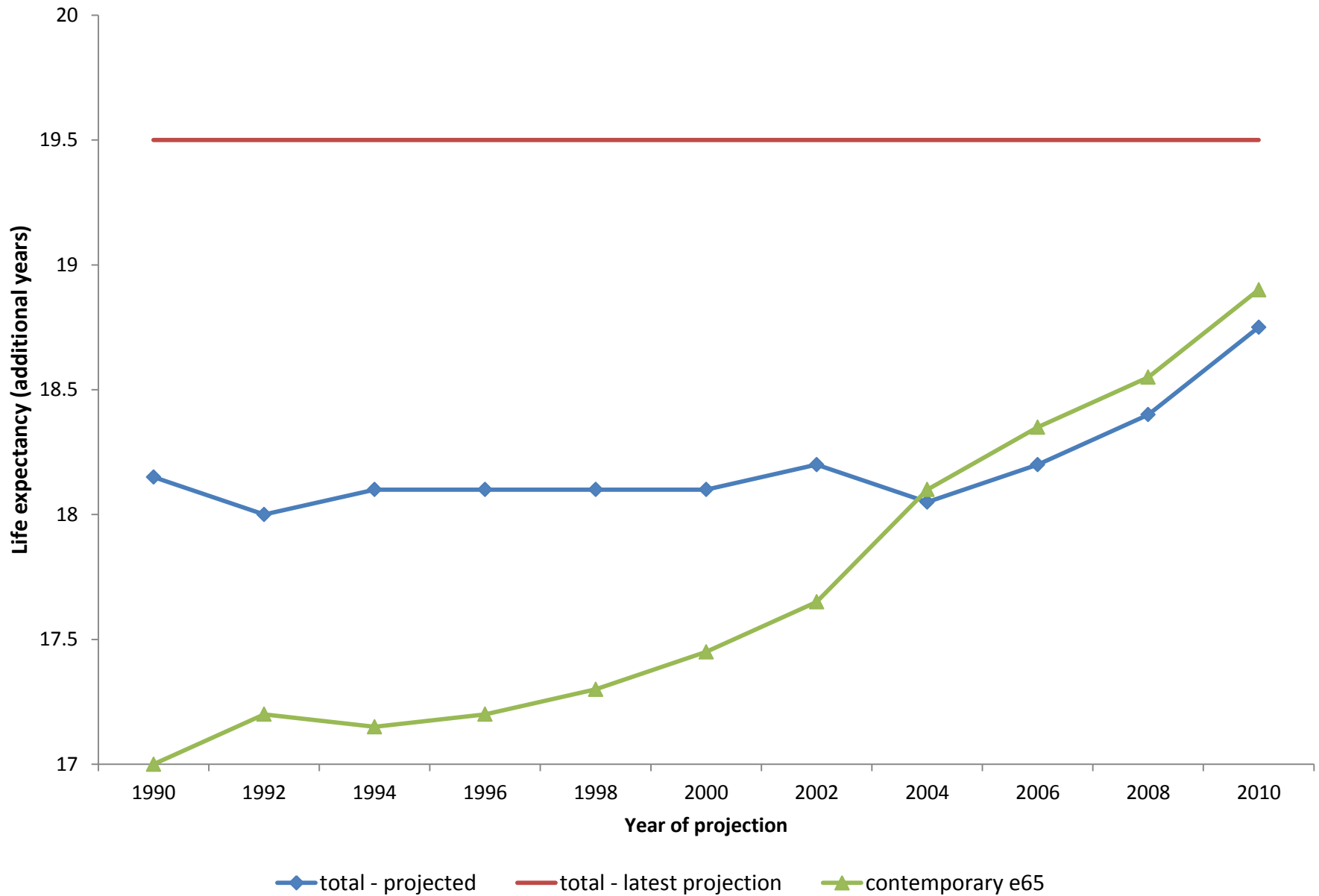
Life Expectancy at age 65 in year 2010: male



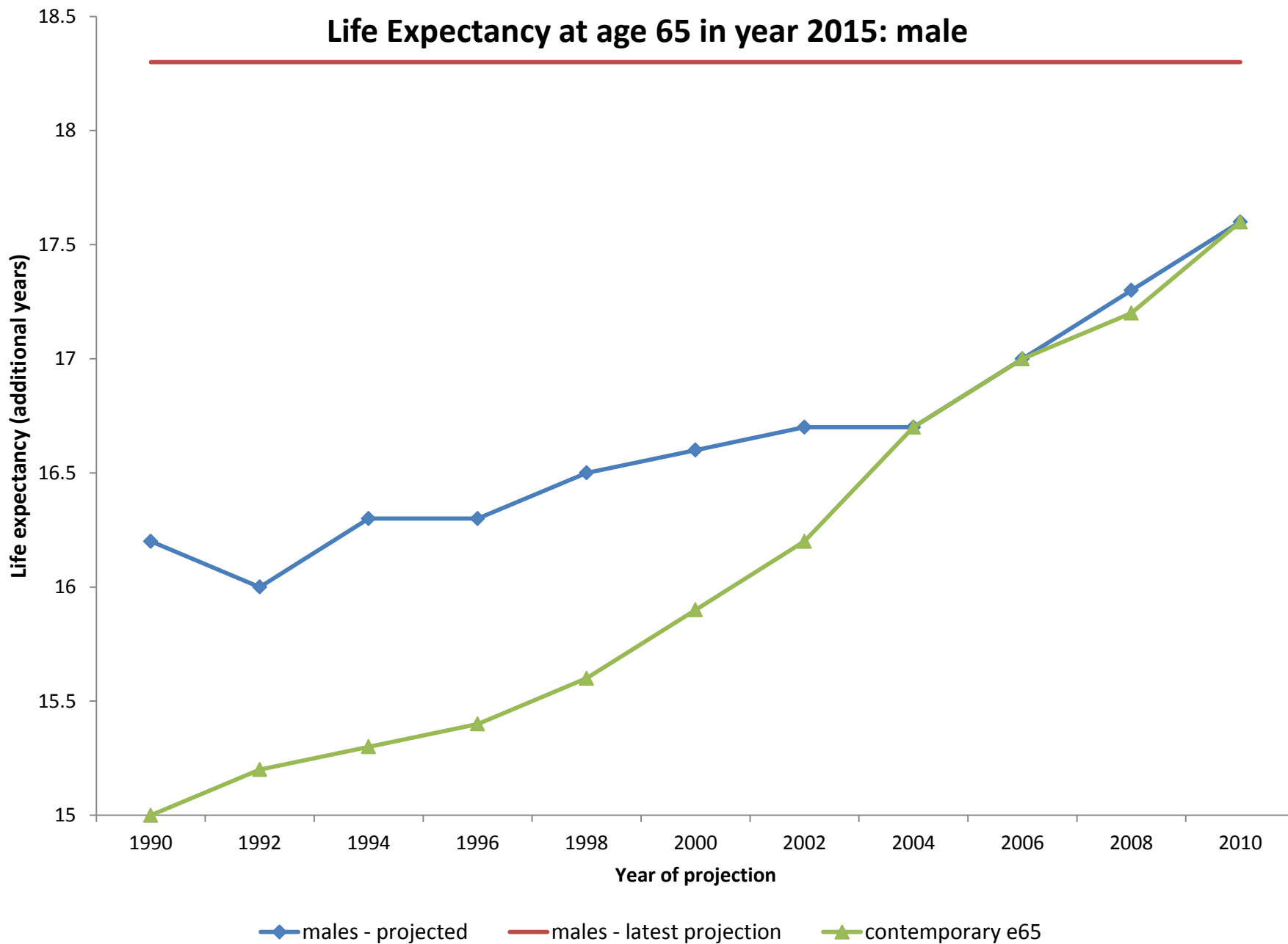
Life Expectancy at age 65 in year 2010: female



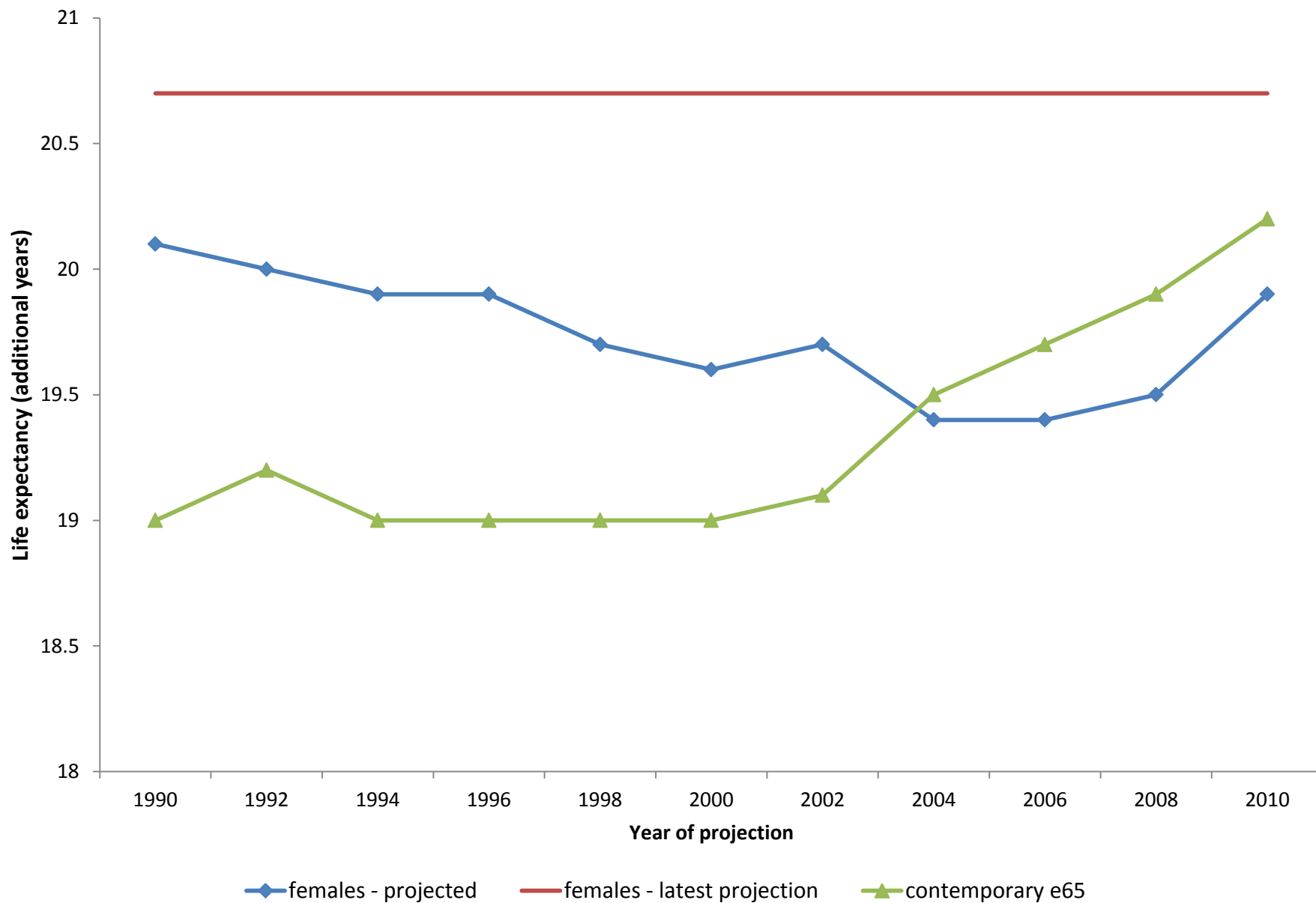
Life Expectancy at age 65 in year 2015: total



Life Expectancy at age 65 in year 2015: male



Life Expectancy at age 65 in year 2015: female



Report of the Technical Panel on Assumptions and Methods (1995)

“Alternative II (intermediate cost) projections should more closely reflect long-run past experience. The current Alternative II assumption is for a lower rate of mortality improvement than has been experienced in the near-term (20-year) or long-term (90-year) past: such a decrease in the rate of mortality decline appears unwarranted. A mid-range projection that reflected continued mortality declines at the level experienced over the past century would be more appropriate.”

Report of the Technical Panel on Assumptions and Methods (1995)

“Alternative methods of projection should be investigated. Cause-specific projections tend to produce conservative projections (that is, projections with slow mortality declines) because slowly declining causes become more prominent. Cause-specific projections also ignore the tendency for medical research and health intervention efforts to be targeted at diseases that are relatively more prominent.”

Report of the Technical Panel on Assumptions and Methods (1995)

“Alternative methods of projection should be investigated. Cause-specific projections tend to produce conservative projections (that is, projections with slow mortality declines) because slowly declining causes become more prominent. Cause-specific projections also ignore the tendency for medical research and health intervention efforts to be targeted at diseases that are relatively more prominent.”

Alzheimer's Disease Demography

Proportion of deaths above age 75 attributable to AD	36%
Probability of surviving to age 75	68%
Relative risk of death if diagnosed with AD, compared to non-AD	≈ 4 times higher
Lifetime probability of developing AD	≈ 20%

NIH Expenditure by Disease Category (\$ million)

	FY 2011	FY 2016 (est.)	Change
Alzheimer's	448	638	42%
Cardiovascular	2049	2004	-2%

Figure 1. Crude and age-adjusted death rates: United States 1980-2007 final and 2008 preliminary

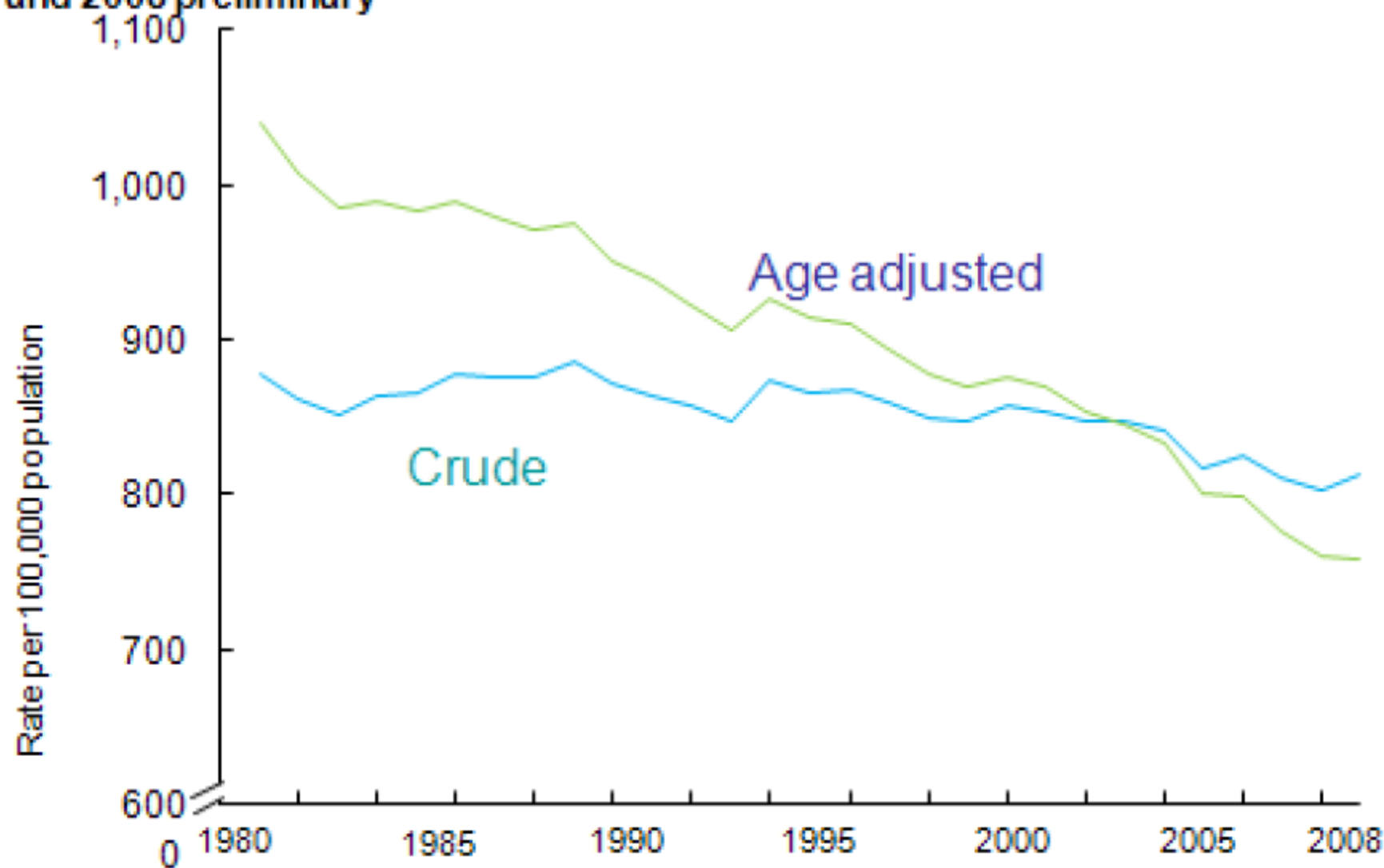
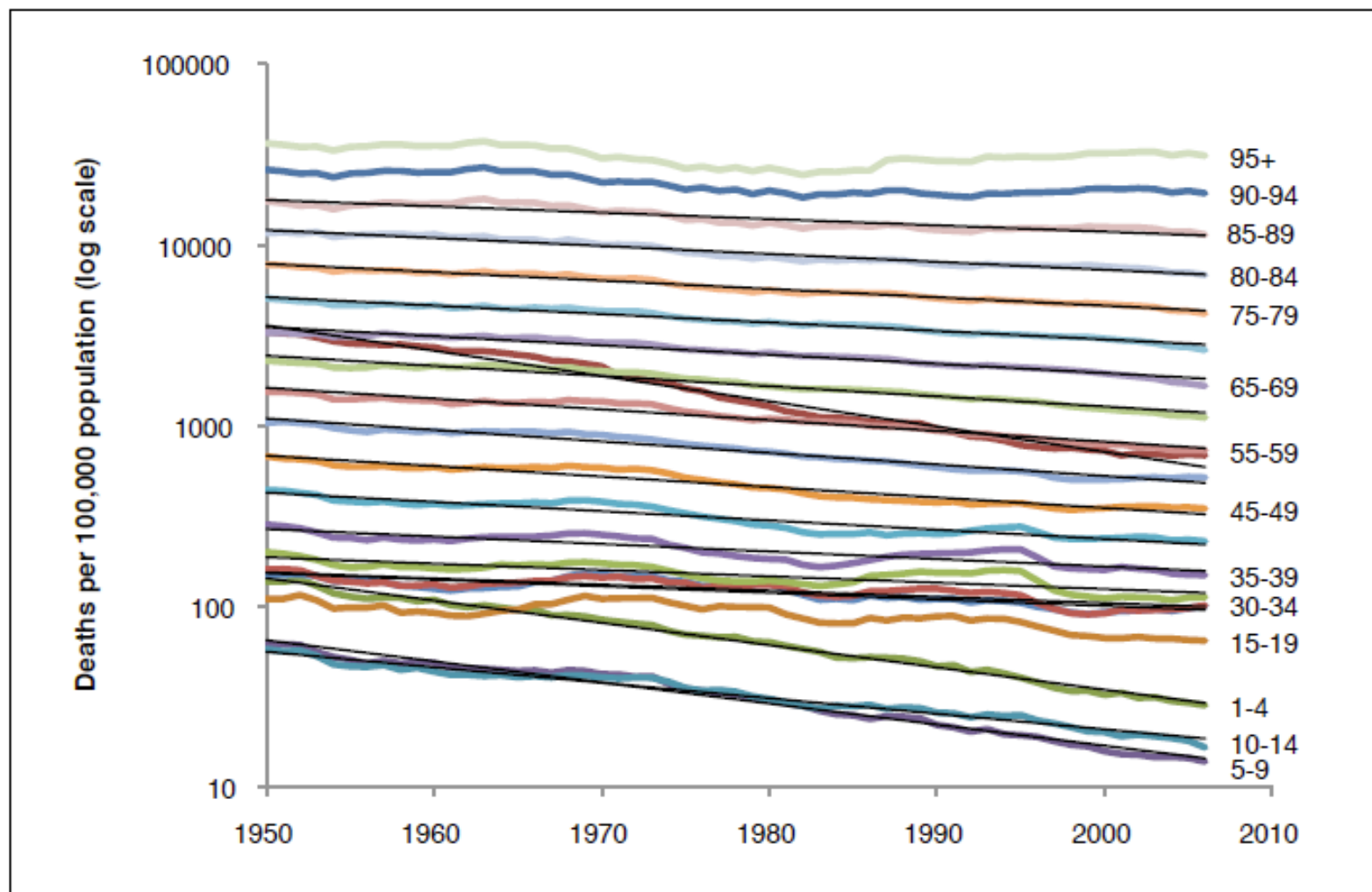
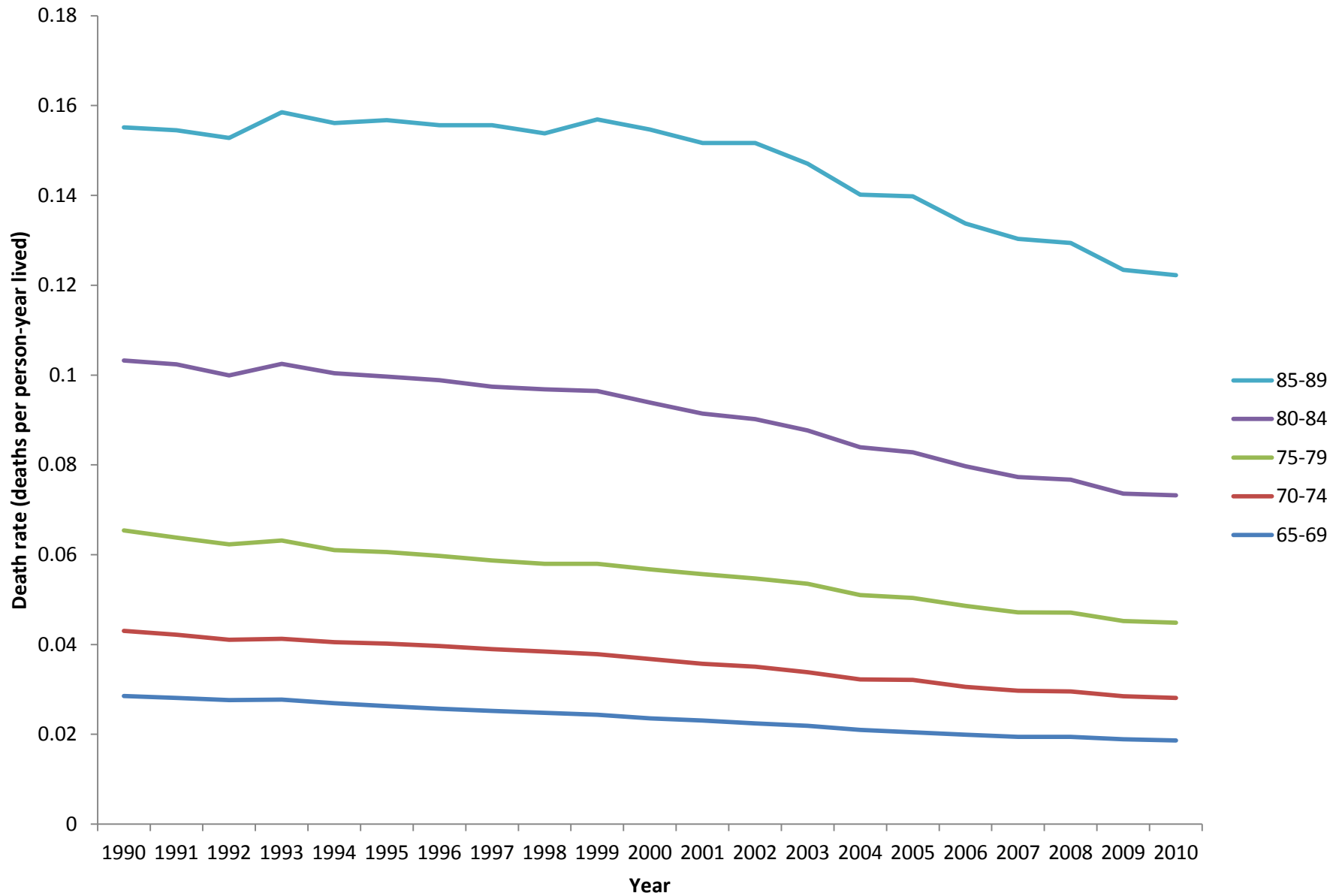


Figure 31. Age-Specific Death Rates: United States

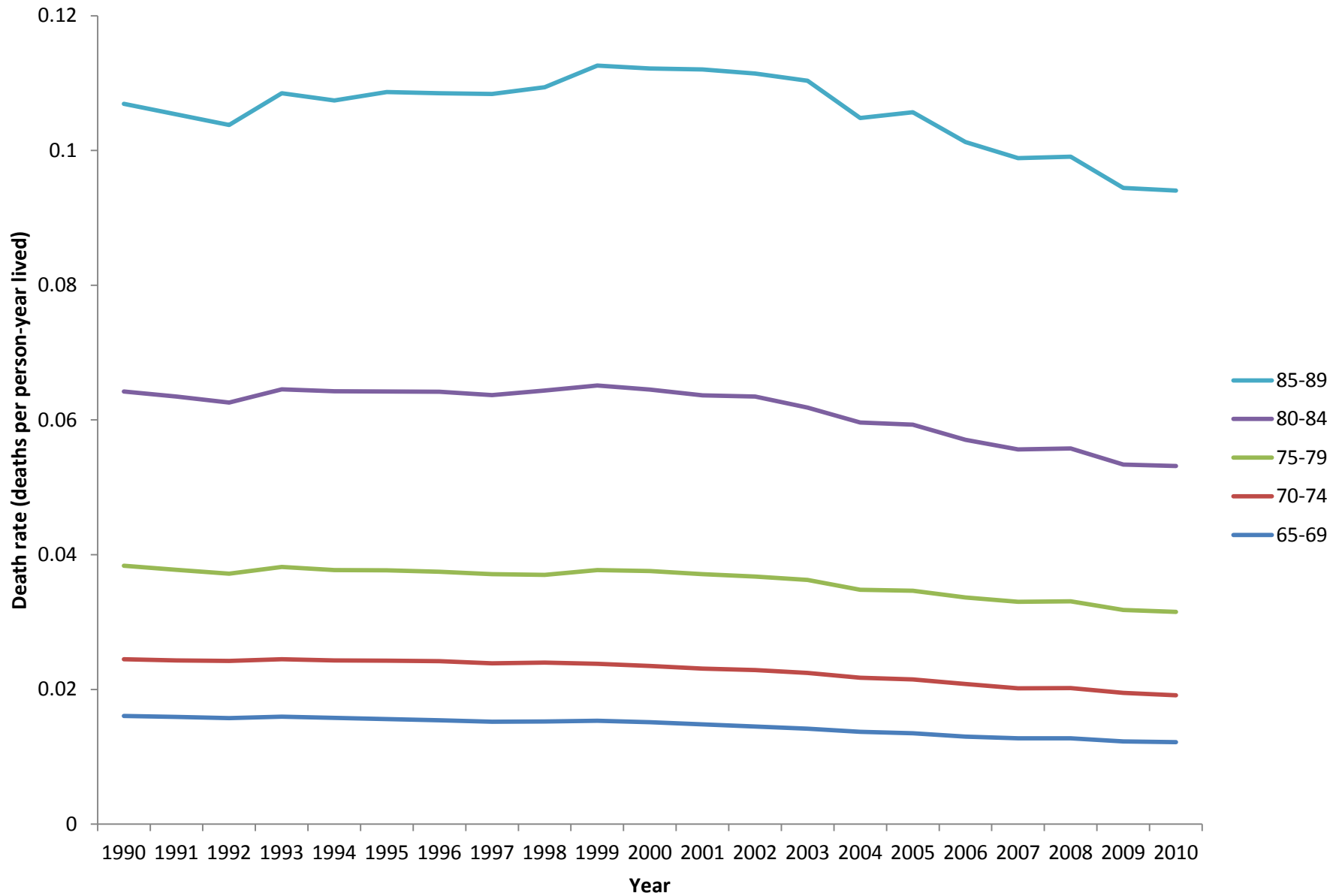


Source: Office of the Chief Actuary, Social Security Administration, 2011.

Trends in Age-Specific Death Rates, 1990-2010: males

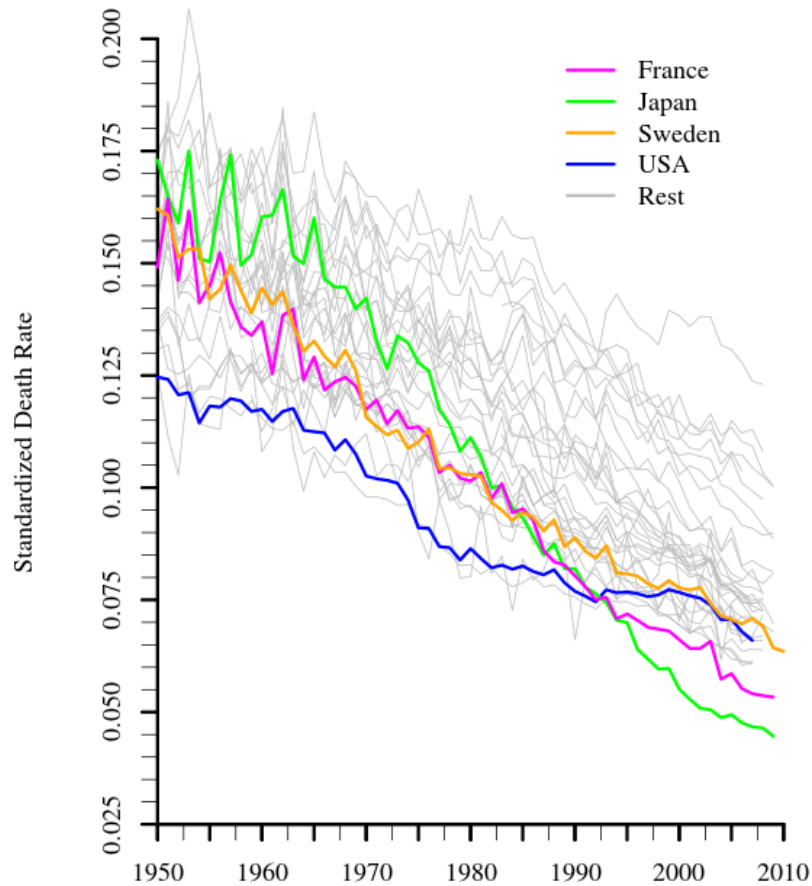


Trends in Age-Specific Death Rates, 1990-2010: females



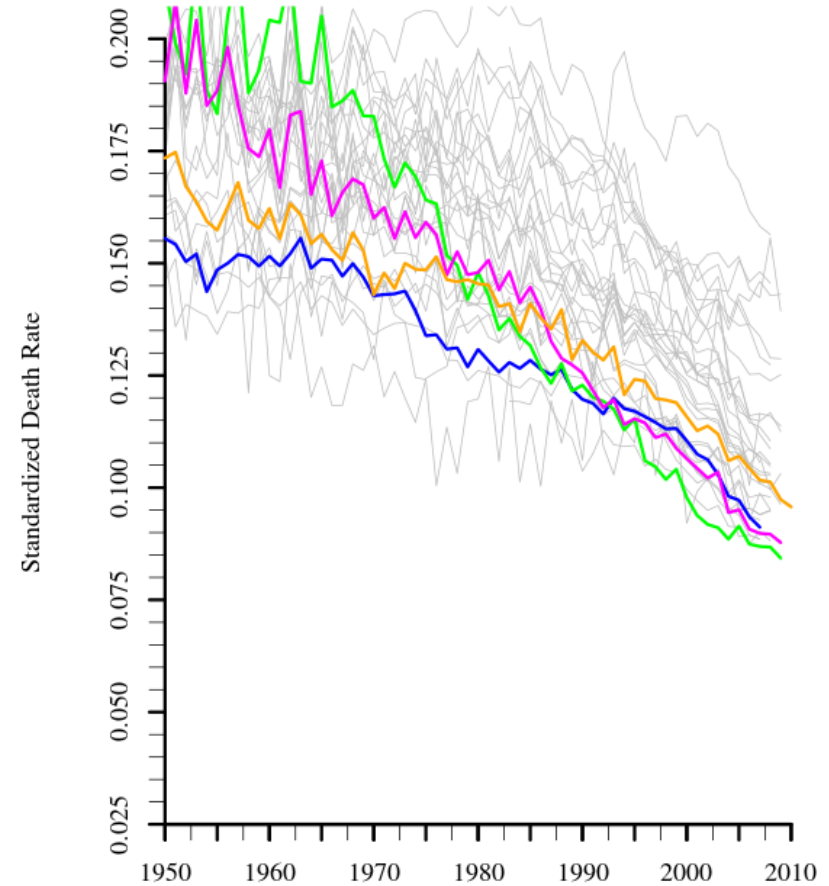
Discovery of the Advancing Frontier of Survival: The Decline in Octogenarian Mortality

Women, Ages 80-89



Year

Men, Ages 80-89



Year

Vaupel and Rau 2012

Discovery of the Advancing Frontier of Survival

- Mortality at ages 85, 90 and 95 for Swedish Females

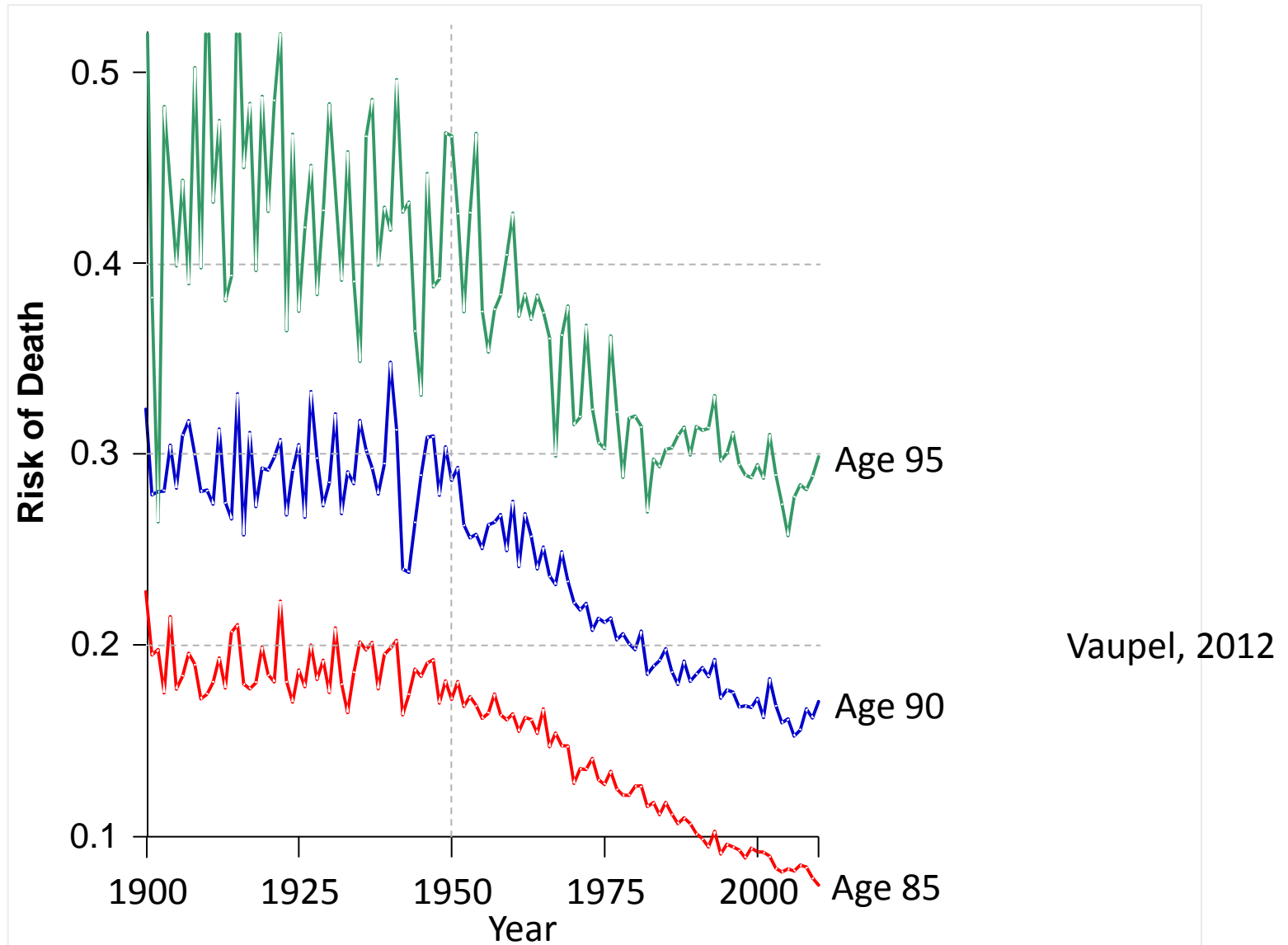
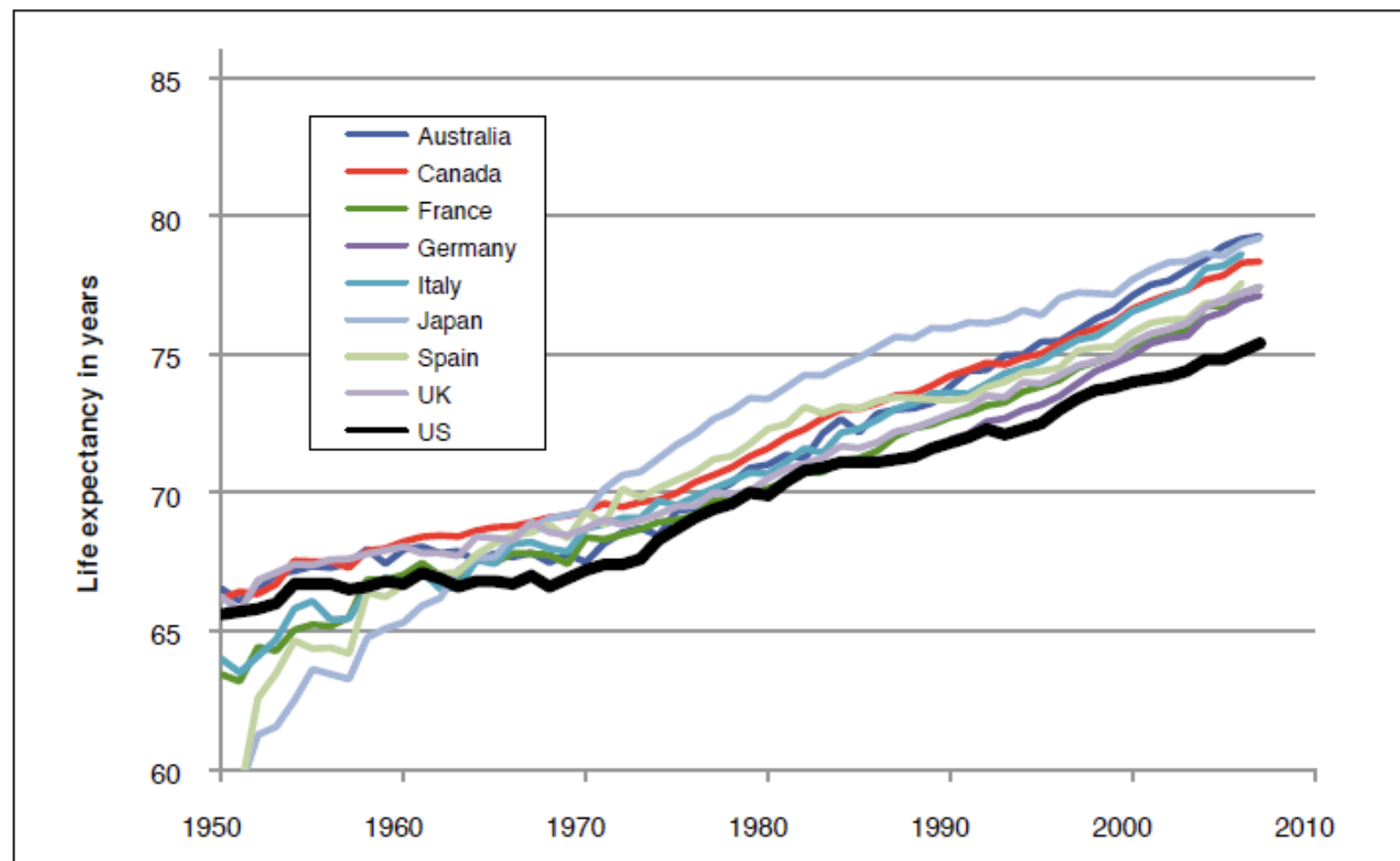
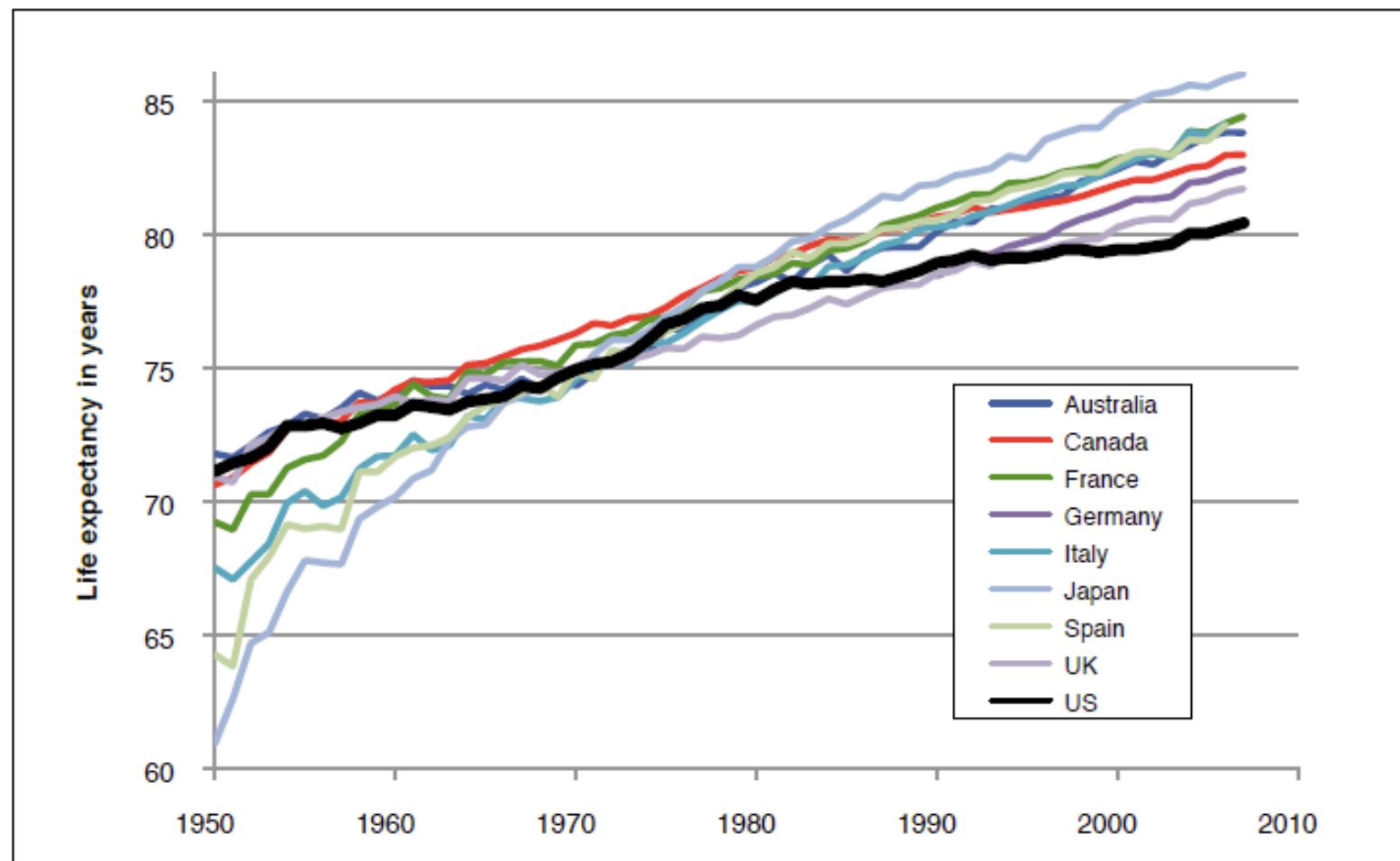


Figure 28A. International Comparison of Male Life Expectancy Trends: 1950–2007



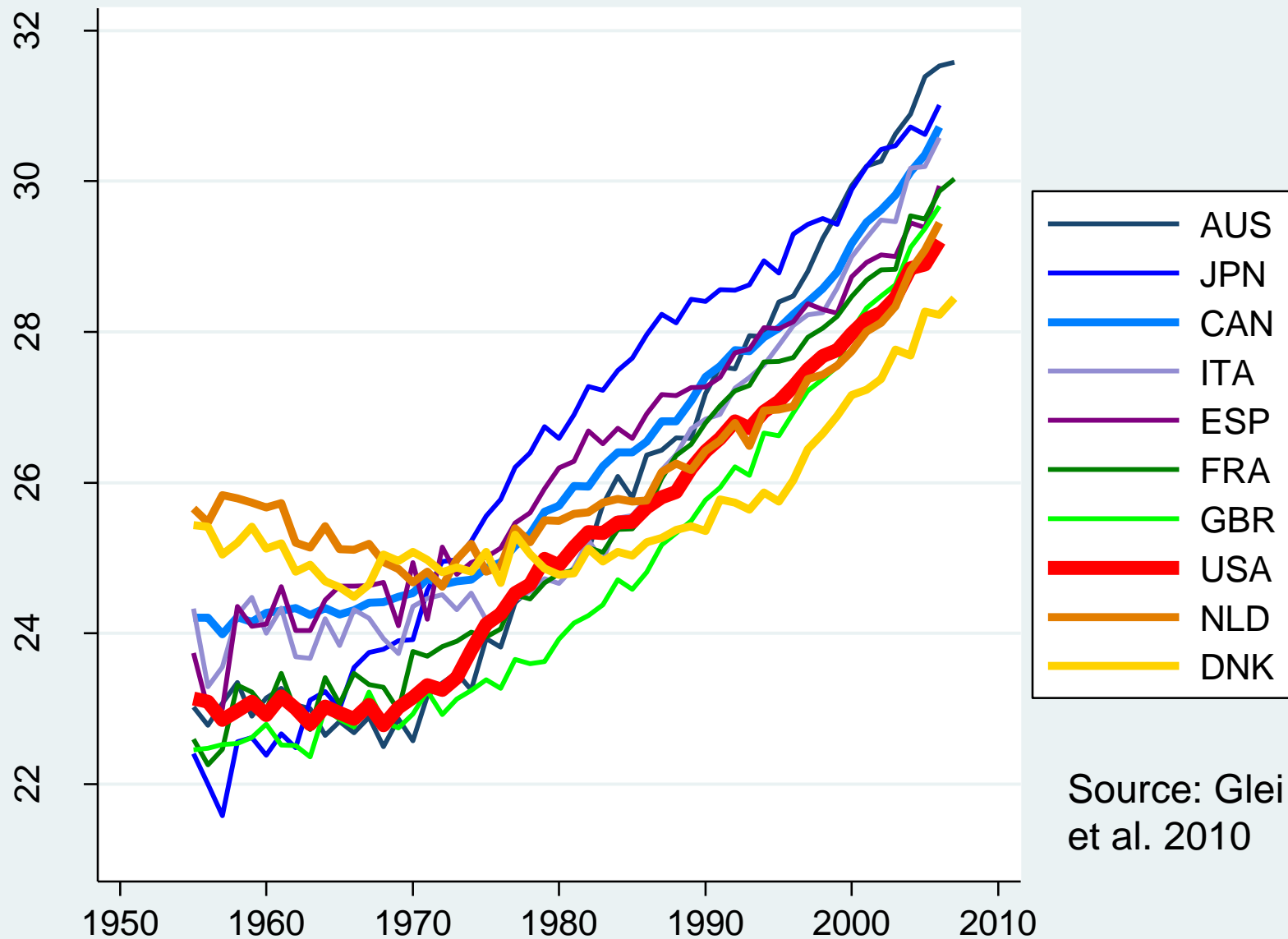
Source: Human Mortality Database, Trustees Report, 2011.

Figure 28B. International Comparison of Female Life Expectancy Trends: 1950–2007



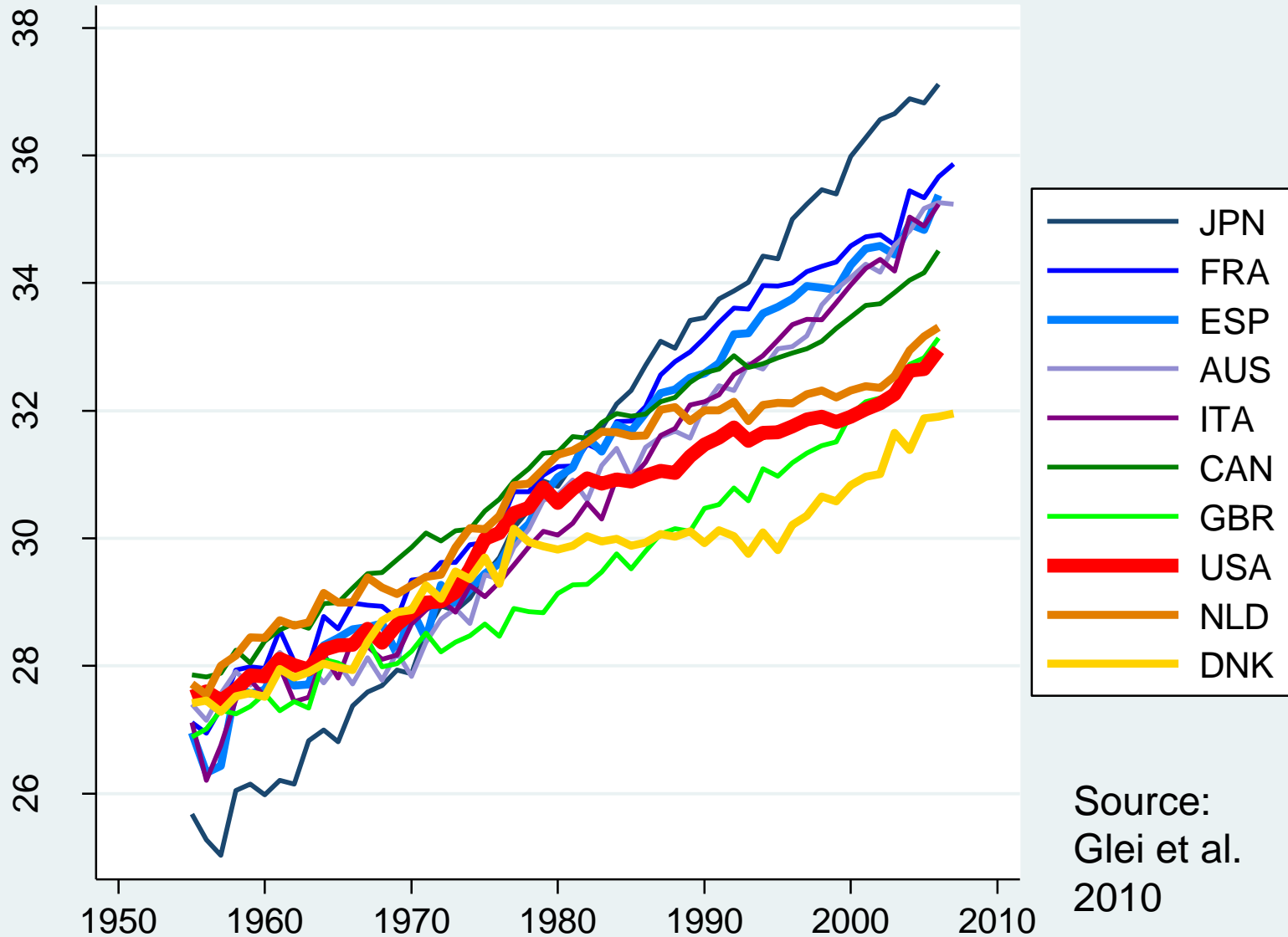
Source: Human Mortality Database, Trustees Report, 2011.

Trends in e_{50} , Males



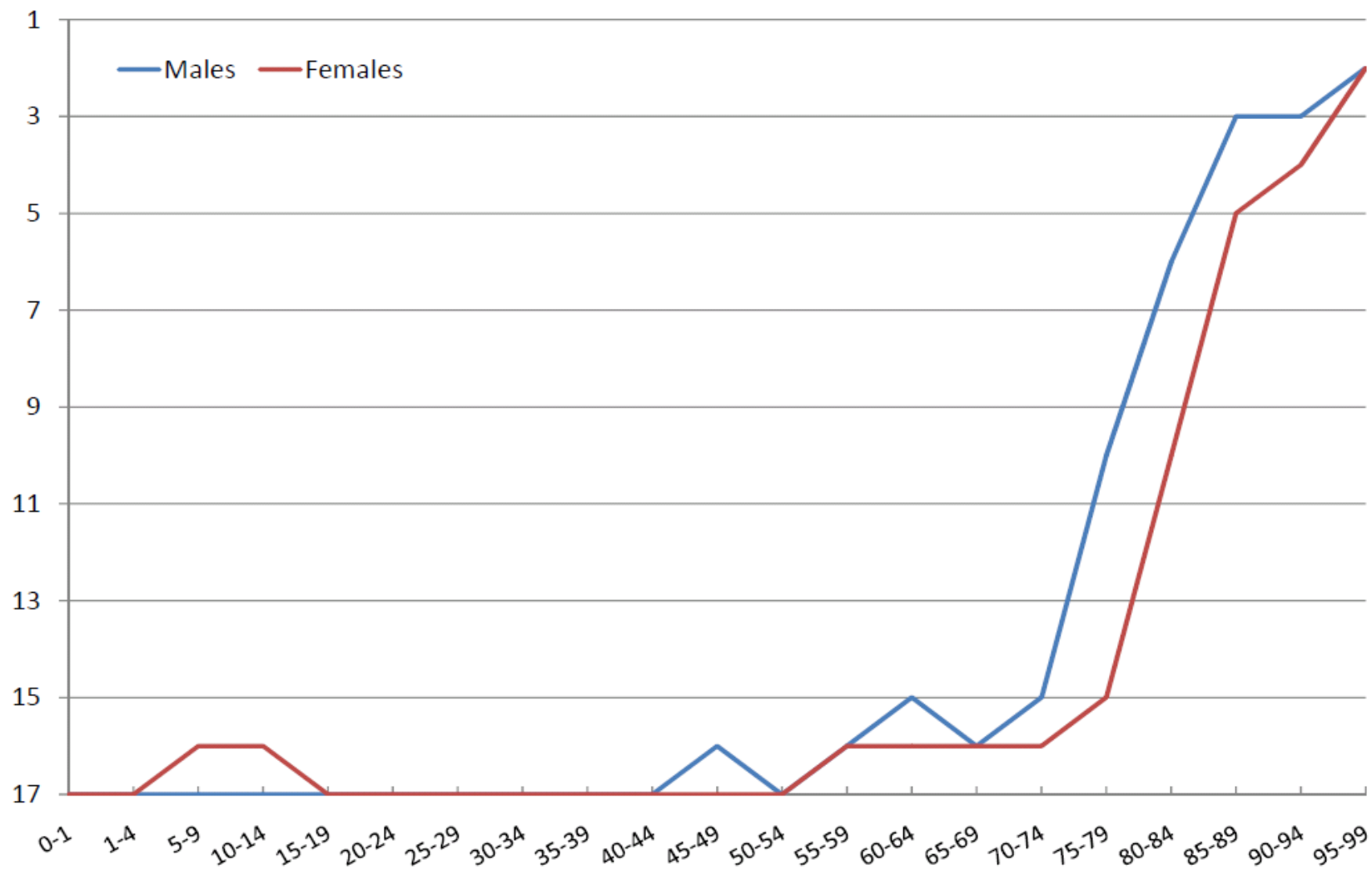
Source: Glei
et al. 2010

Trends in e_{50} , Females



Source:
Glei et al.
2010

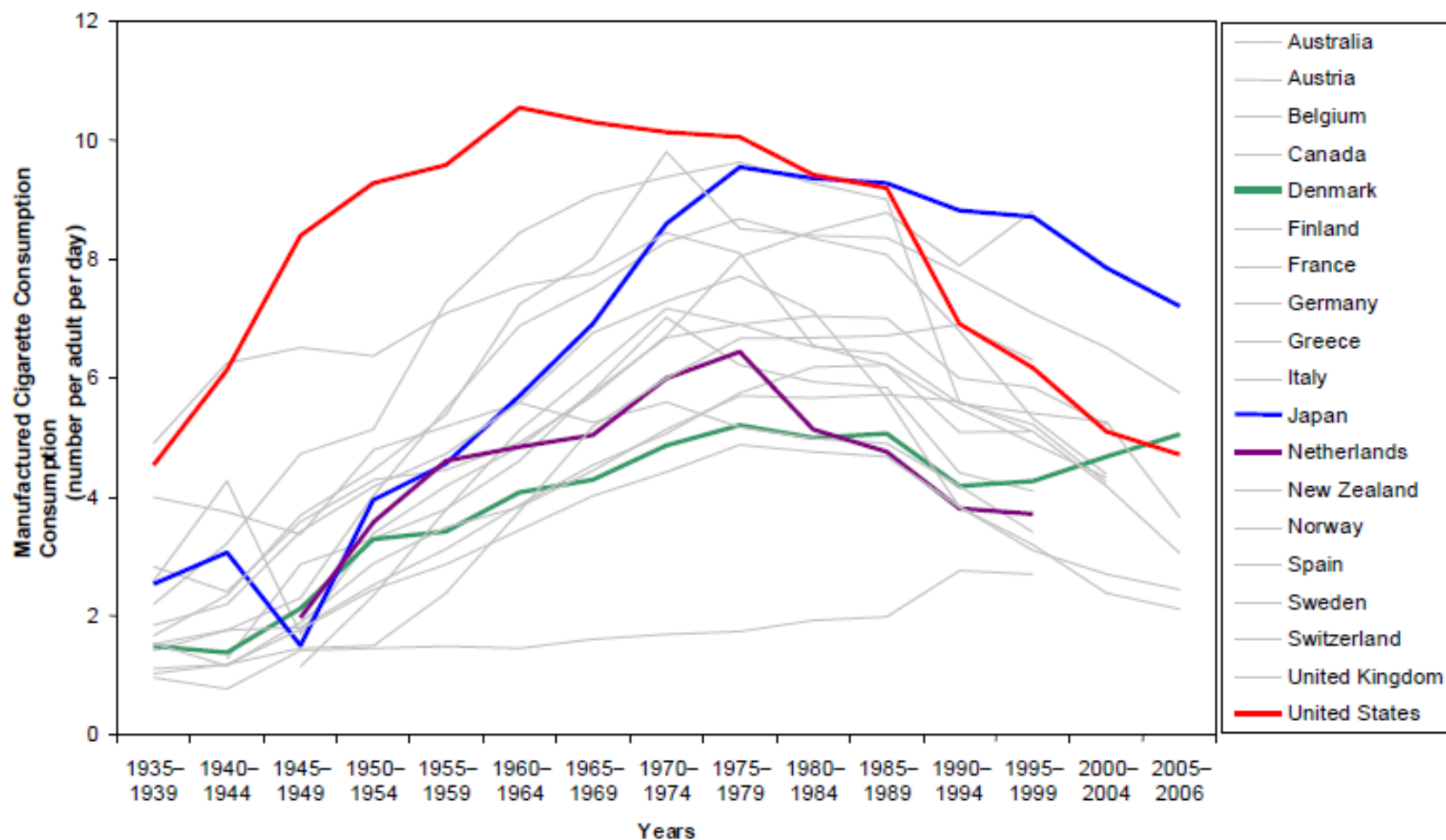
Ranking of US Death Rates (Total Population) Among 17 Countries, 2006-2008



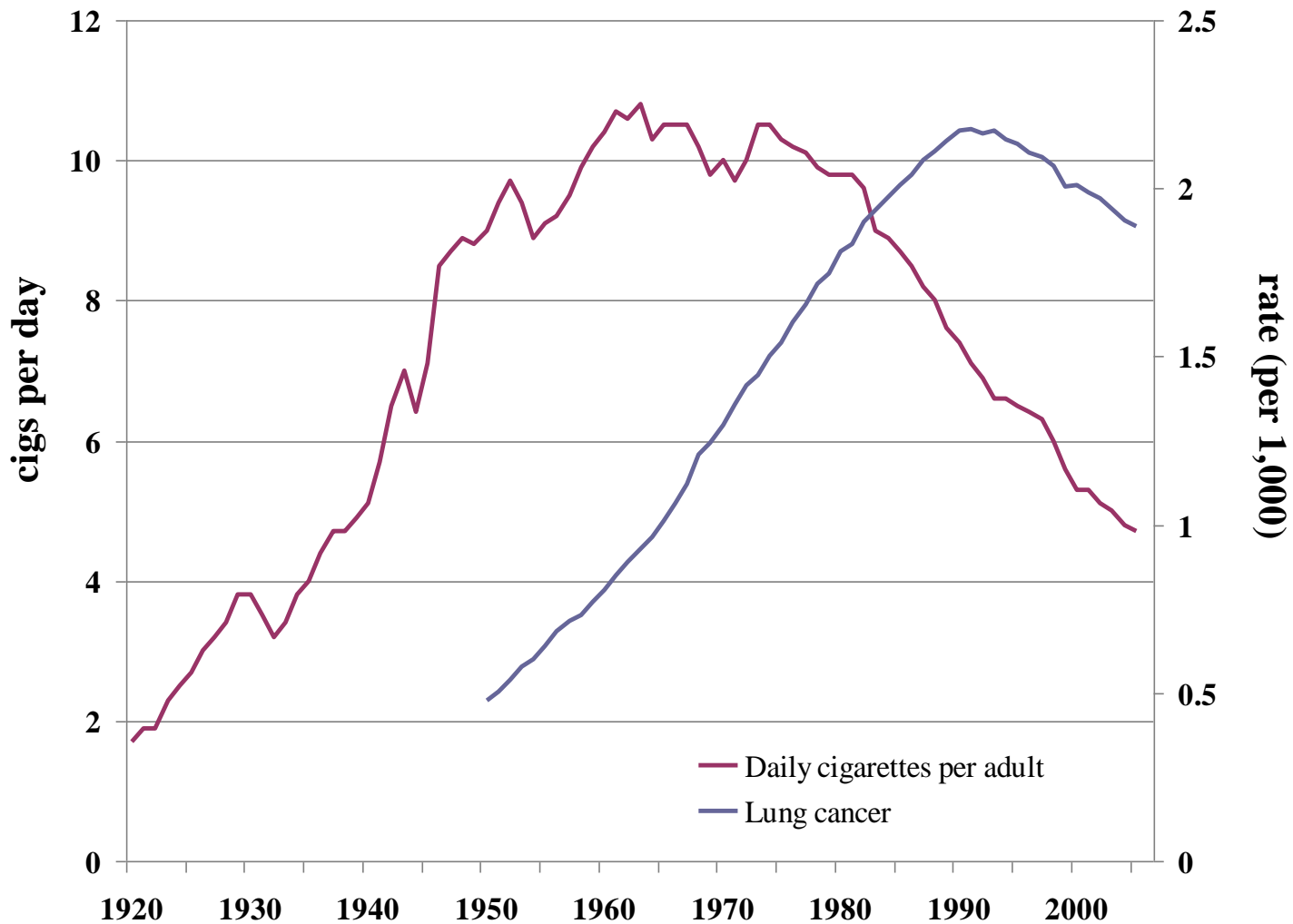
Compared to OECD countries and composites, the US does well in

- Screening for cancer
- Survival rates from cancer
- Survival rates after heart attacks
- Survival rates after strokes
- Medication for high blood pressure
- Medication for high cholesterol
- Vaccination against influenza
- Mortality from influenza and pneumonia

Per Capita Consumption of Manufactured Cigarettes



Daily Cigarettes Per Capita and Lung Cancer Mortality in the US



The Model

$$\ln M_0 = \beta_a X_a + \beta_t X_t + \beta_c X_c + \beta_{ct}(T \times X_c) + \beta_L M_L + \beta_{tL}(M_L \times T) + \beta_{aL}(M_L \times X_a)$$

M_0 is the death rate from causes other than lung cancer in a particular age/sex/period country category;

X_a is a set of dummy variables for each age group;

X_t is a set of dummy variables for each calendar year;

X_c is a set of dummy variables for each country;

$(T \times X_c)$ is a set of interactions between calendar year (linear) and each country dummy;

M_L is the death rate from lung cancer;

$(M_L \times T)$ is an interaction between M_L and year;

$(M_L \times X_a)$ is an interaction between M_L and the age dummies

TABLE 5-1 Estimated Fraction of All Deaths at Ages 50 and Older Attributable to Smoking in 1955, 1980, 2003, by Gender and Country

Country	Males			Females		
	1955	1980	2003	1955	1980	2003
Australia	0.07	0.22	0.17	0.00	0.04	0.10
Austria	0.15	0.21	0.17	0.01	0.02	0.05
Belgium	0.09	0.30	0.27†	0.00	0.01	0.05†
Canada	0.07	0.22	0.24	0.01	0.06	0.19
Denmark	0.07	0.22	0.20	0.01	0.06	0.16
Finland	0.18	0.28	0.17	0.01	0.02	0.04
France	0.05	0.17	0.19	0.00	0.00	0.02
Hungary	0.07	0.22	0.30	0.01	0.05	0.13
Iceland	0.03	0.06	0.16	0.00	0.11	0.18
Ireland	0.04	0.17	0.19	0.02	0.07	0.14
Italy	0.04	0.20	0.23	0.00	0.01	0.04
Japan	0.01	0.11	0.20	0.00	0.03	0.09
Netherlands	0.10	0.32	0.26	0.00	0.01	0.09
New Zealand	0.08	0.21	0.17	0.00	0.06	0.12
Norway	0.02	0.09	0.16	0.00	0.01	0.07
Portugal	0.02	0.07	0.12	0.00	0.00	0.01
Spain	0.04	0.14	0.22	0.00	0.00	0.00
Sweden	0.03	0.10	0.09	0.00	0.02	0.06
Switzerland	0.09	0.19	0.16	0.00	0.01	0.04
United Kingdom	0.16	0.30	0.20	0.02	0.09	0.15
United States	0.08	0.23	0.22	0.01	0.08	0.20

* Estimates based on data from 2004 for Belgium.

SOURCE: Preston et al. (2010b), Table 4-2. Reproduced with permission.

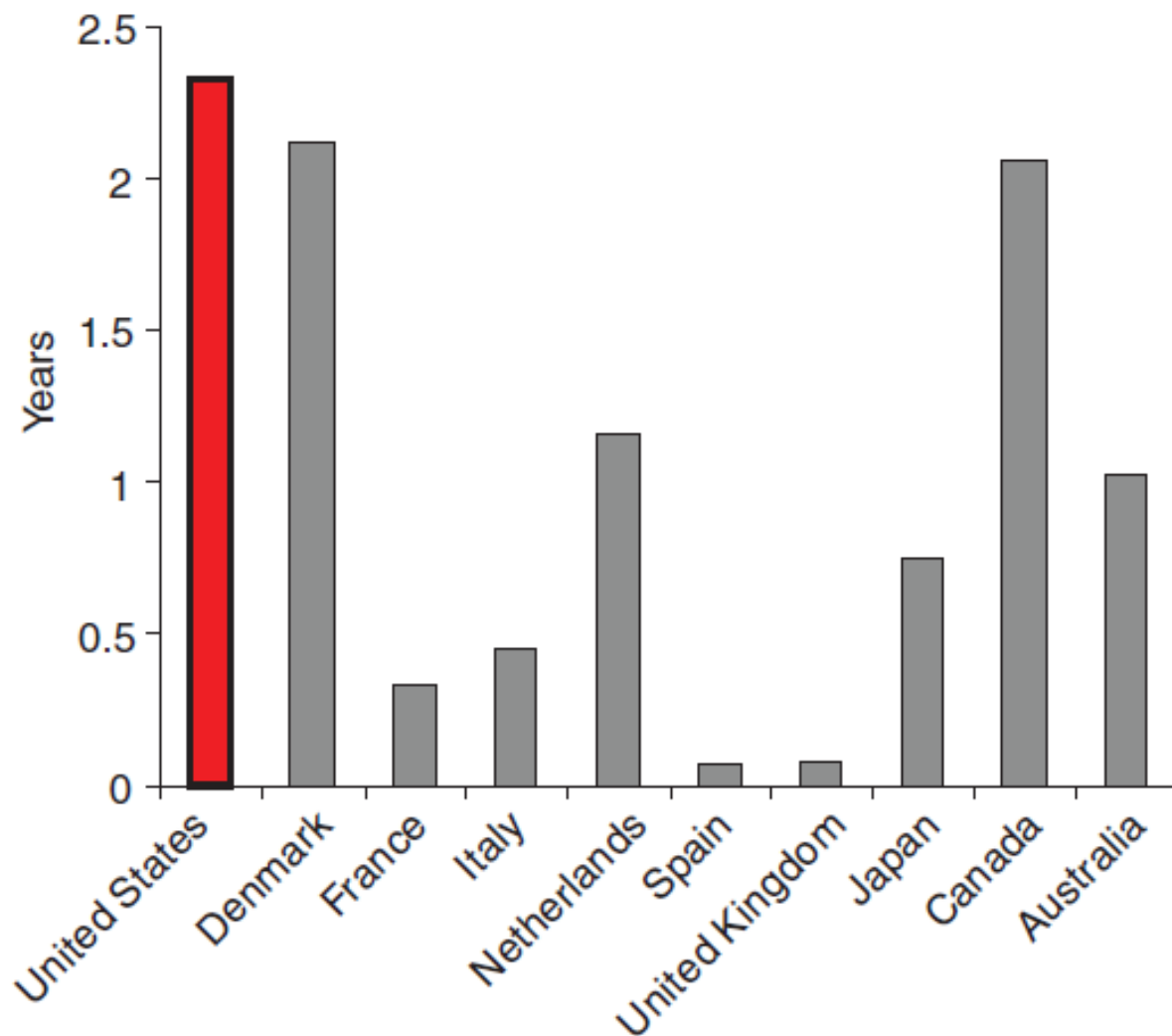


FIGURE 5-2 Gains in female life expectancy at age 50 from eliminating smoking in 2003.

SOURCE: Based on calculations in Preston et al. (2010b).

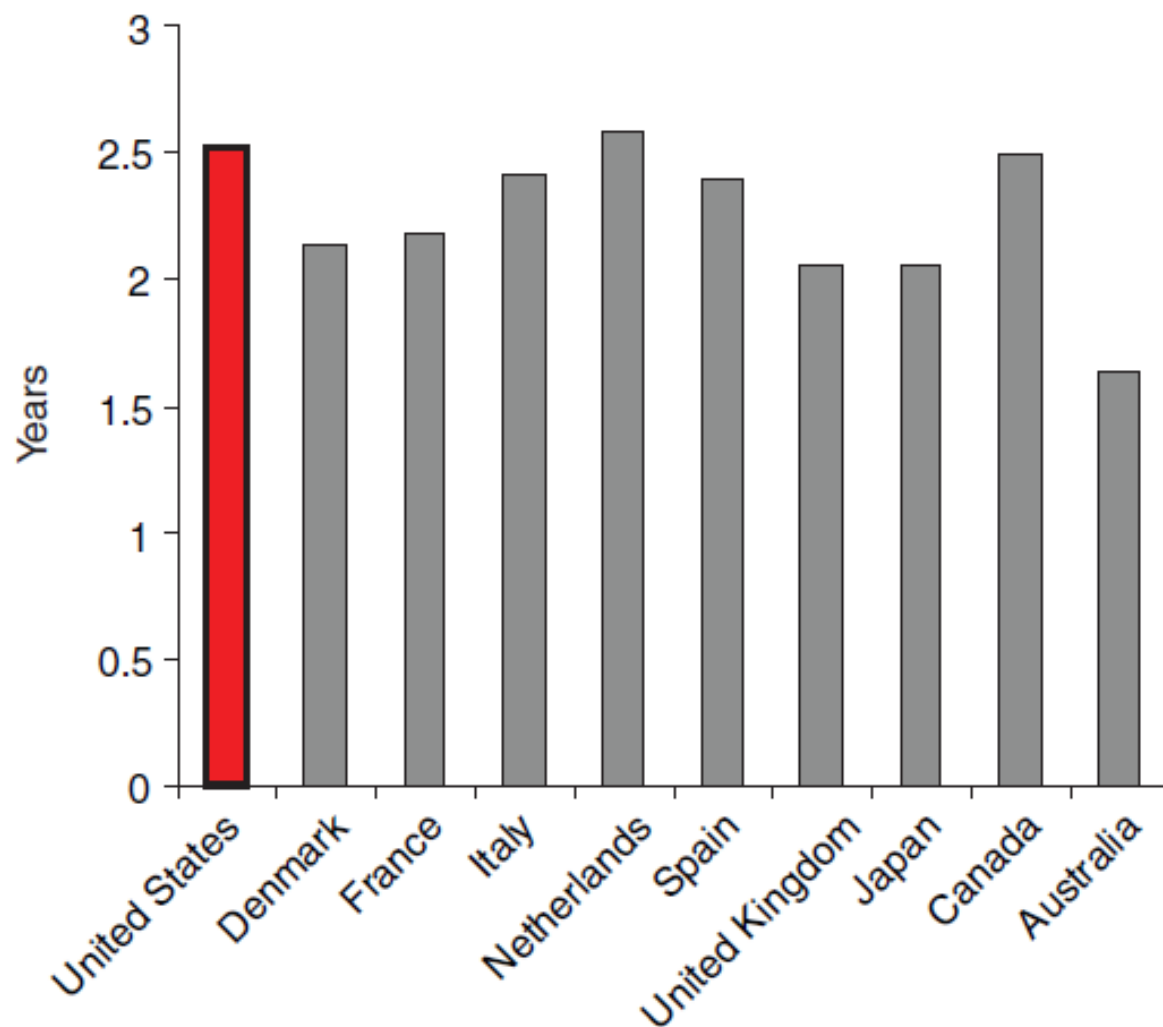


FIGURE 5-3 Gains in male life expectancy at age 50 from eliminating smoking in 2003.

SOURCE: Based on calculations in Preston et al. (2010b).

	Loss in Life Expectancy From Smoking			Life Expectancy Difference US – 9 Countries	Percent Explained
	<u>US</u>	<u>9 Count- ries</u>	<u>Difference</u>		
Women	2.33	1.07	1.26	1.61	78%
Men	2.52	2.21	0.31	0.76	41%

Source: Preston, Glei, Wilmoth 2010

FIGURE 1 U.S. trends in observed e_{50} and estimated e_{50} without smoking by sex.

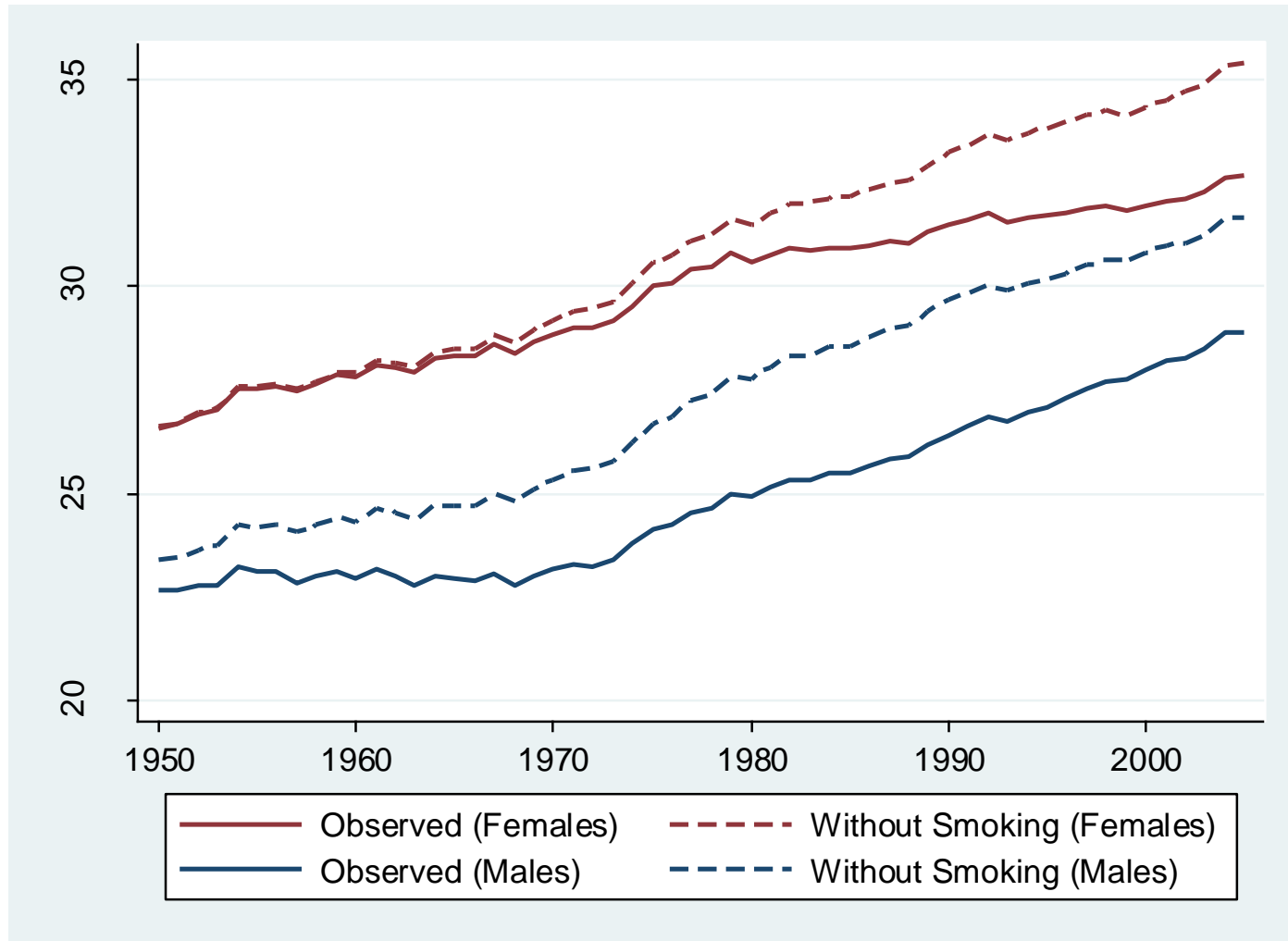
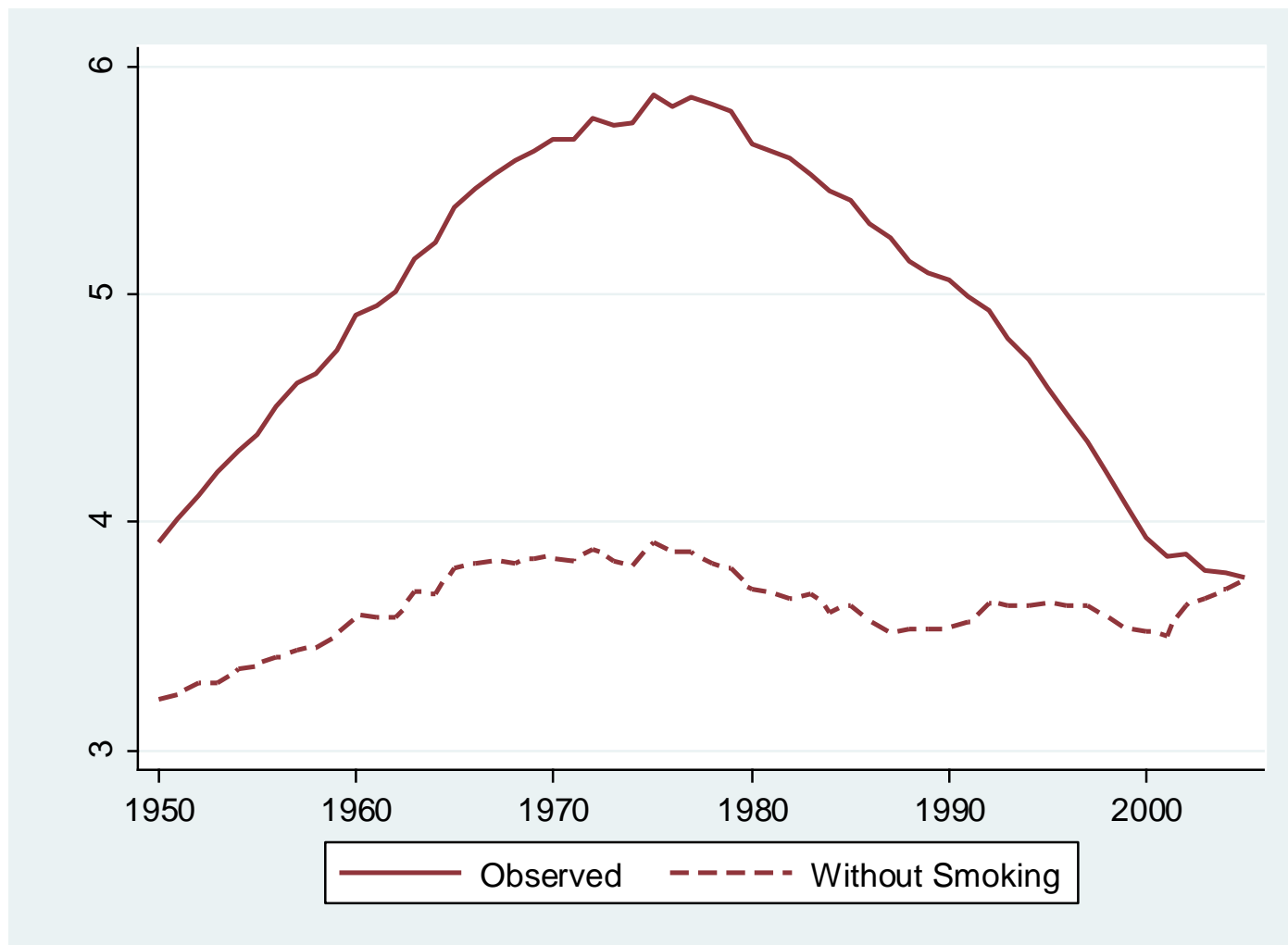


FIGURE 2 U.S. trends in the observed sex difference in e_{50} and the estimated sex difference without smoking.



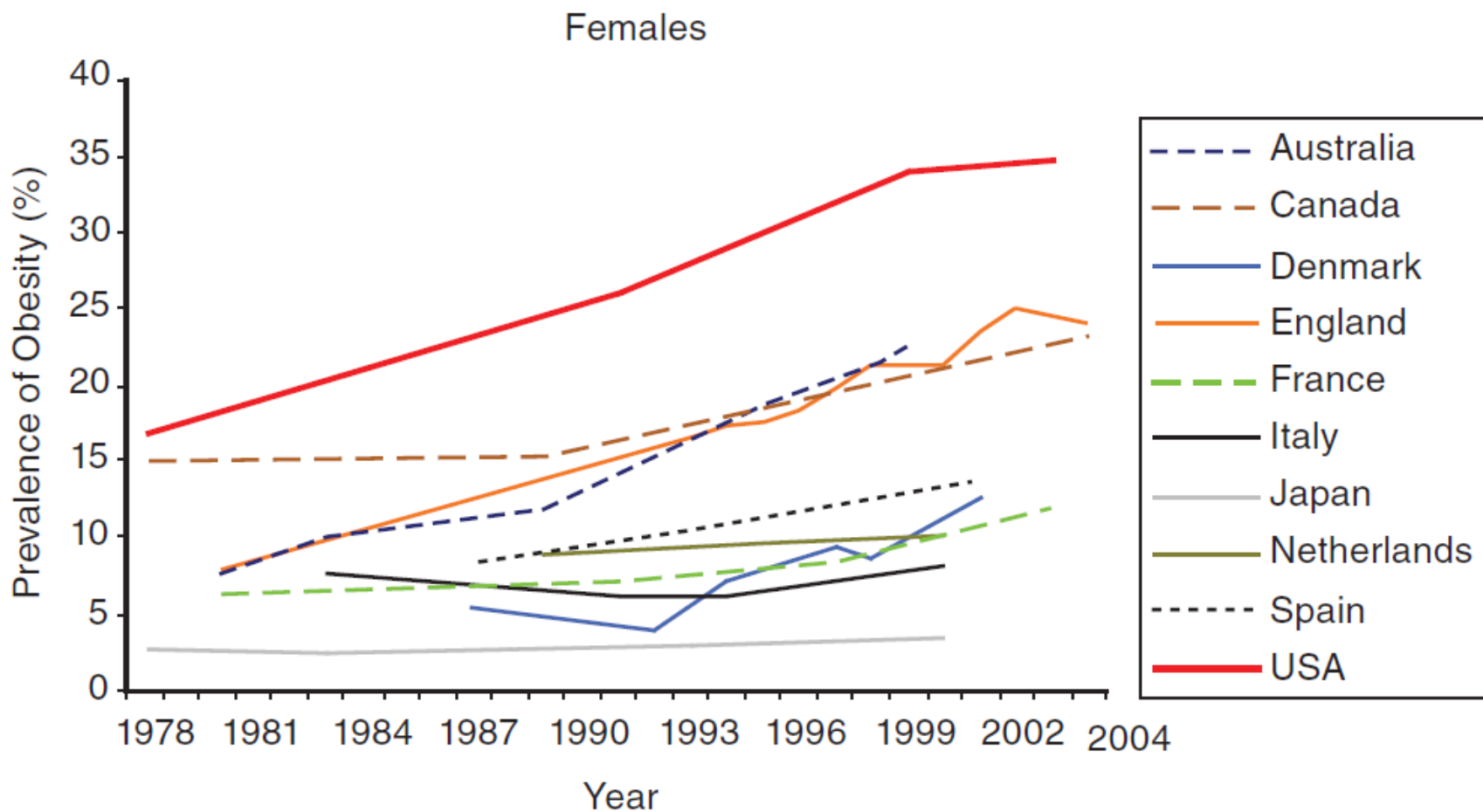
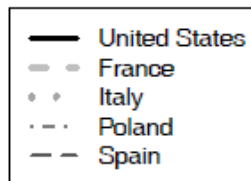
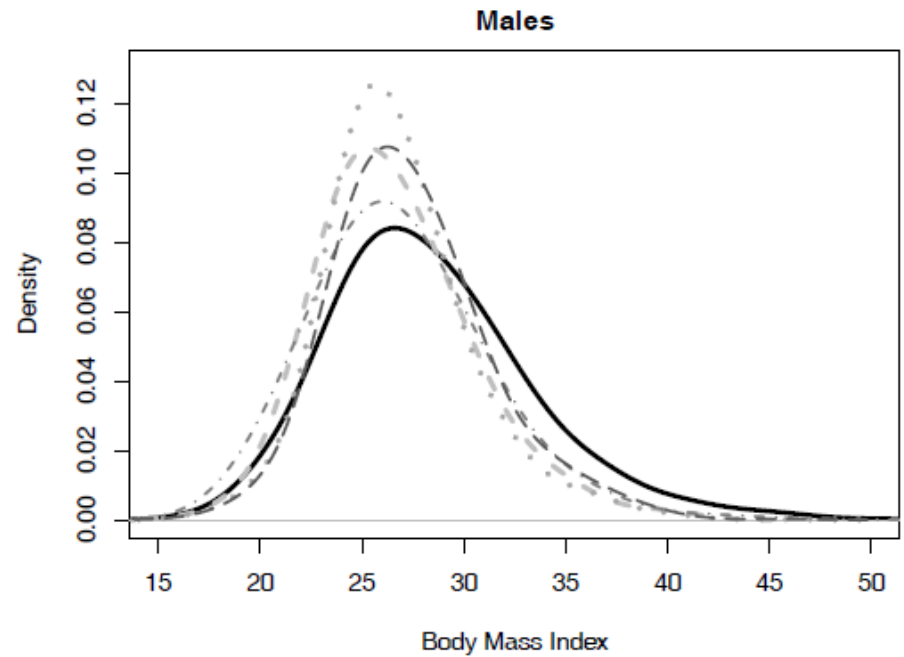
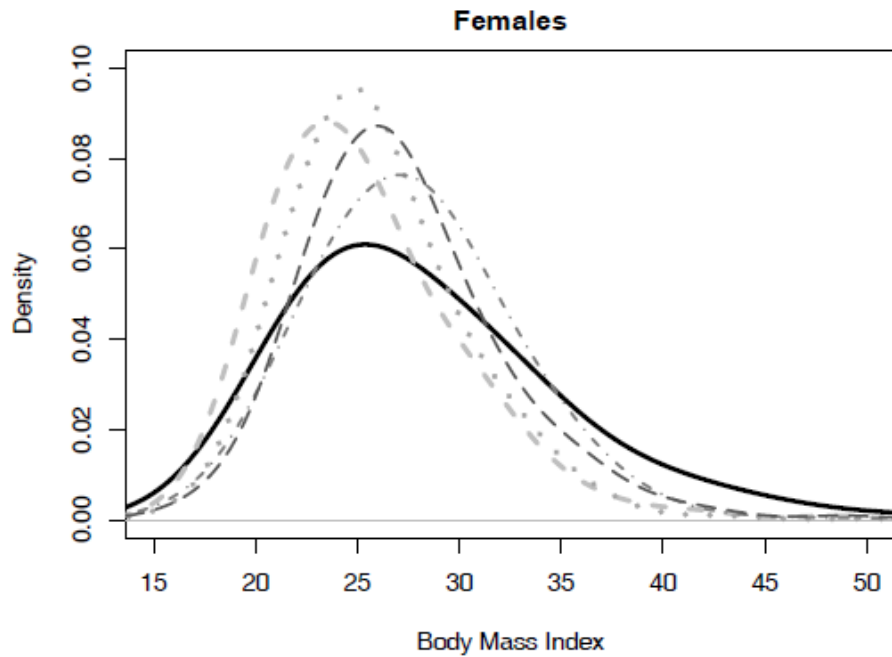


FIGURE 3-2 Trends in prevalence of adult obesity by country and gender, 1978–2004.

Source: Alley et al. 2011



Preston and Stokes 2011

$$AF_i = \frac{\sum(C_{ij}M_{sj} - C_{ij}^*M_{sj})}{\sum(C_{ij}M_{sj})} \quad (1)$$

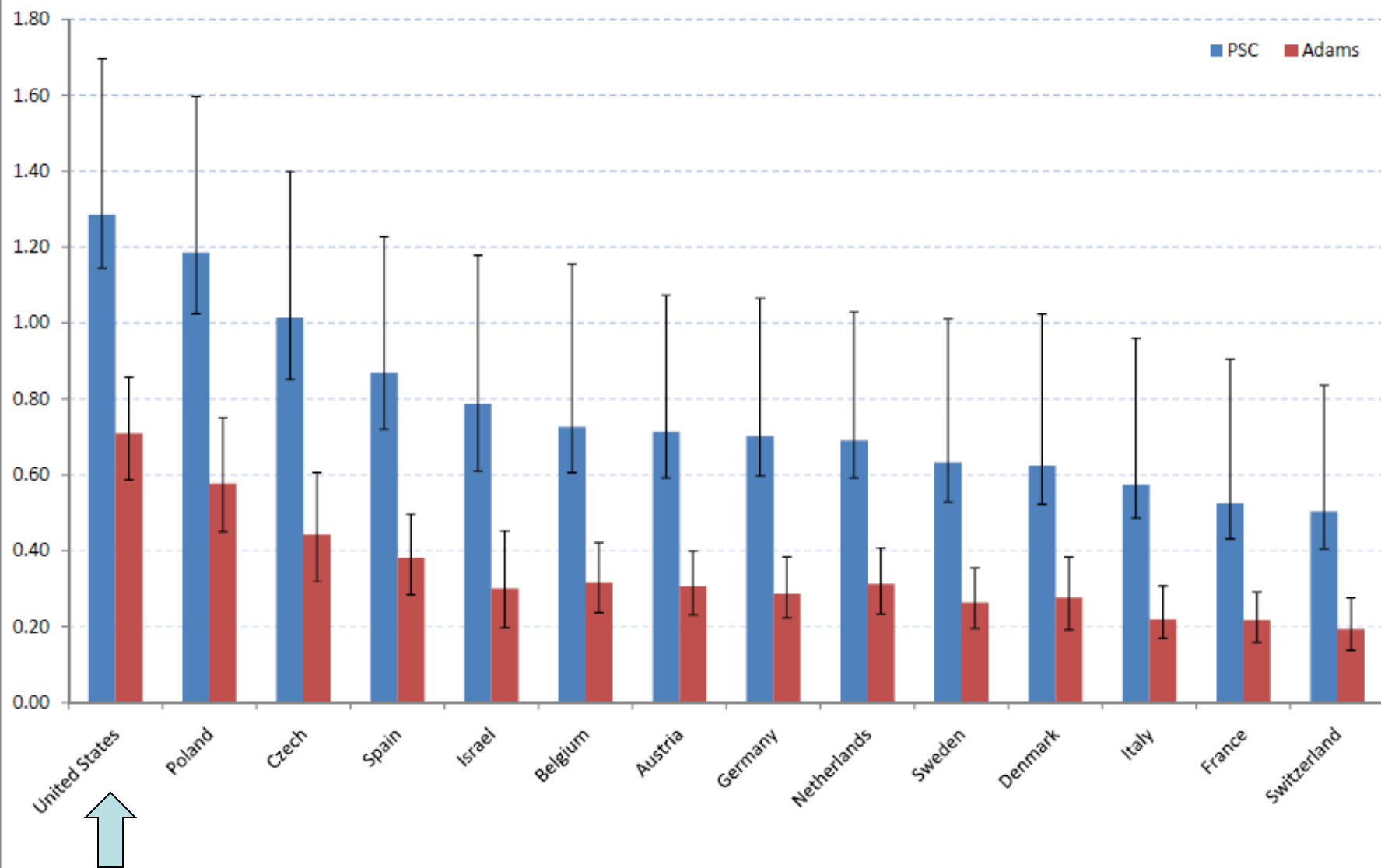
where,

C_{ij} = proportion of population i in BMI category j

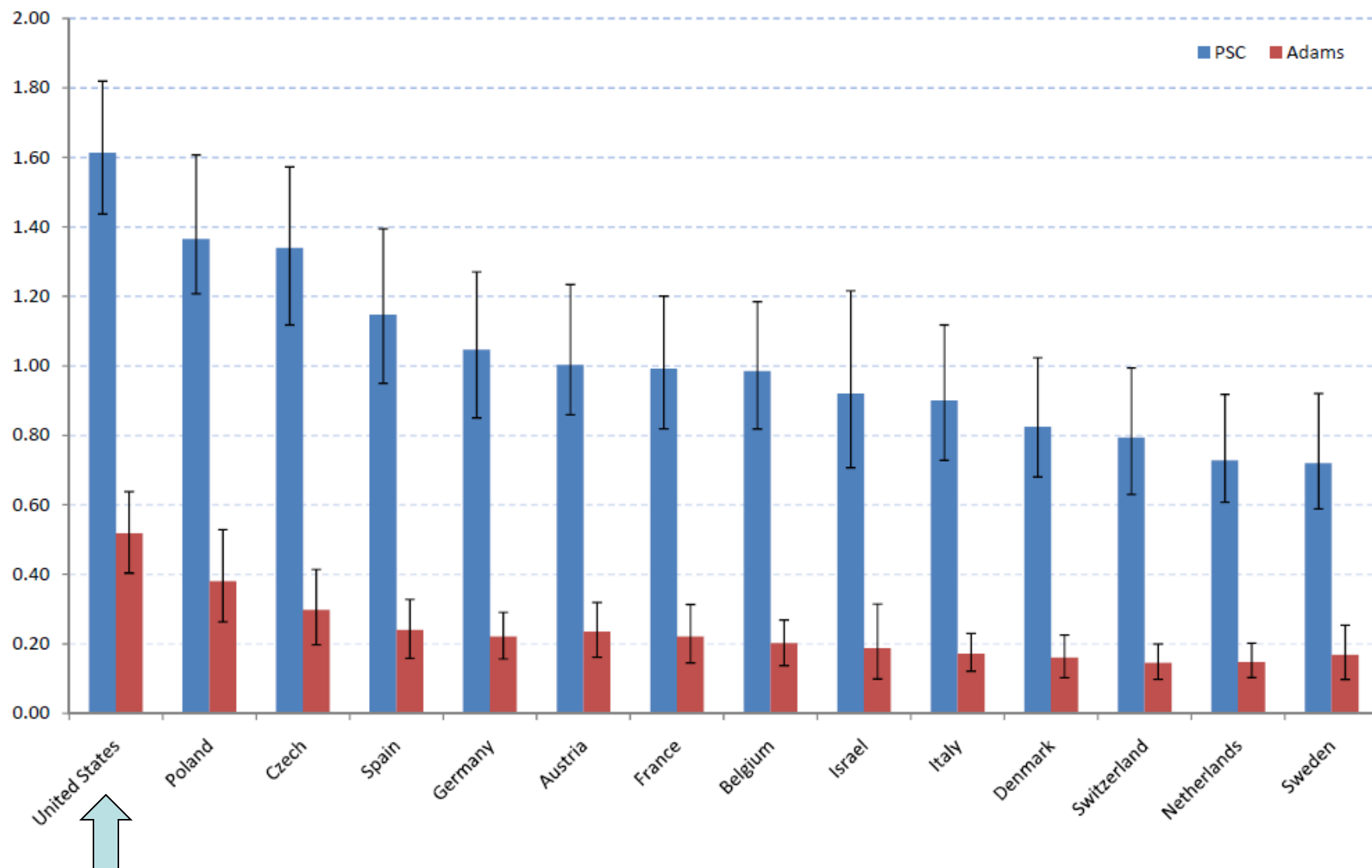
M_{sj} = death rate in BMI category j in the *standard* drawn from PSC data

C_{ij}^* = proportion of population i in BMI category j if all individuals above the optimal BMI were redistributed to the optimal category

Estimated gain in female life expectancy at age 50 in 2006 from hypothetically redistributing obese to optimal BMI categories (in years)



Estimated gain in male life expectancy at age 50 in 2006 from hypothetically redistributing obese to optimal BMI categories (in years)



Demography (2014) 51:27–49
DOI 10.1007/s13524-013-0246-9

Projecting the Effect of Changes in Smoking and Obesity on Future Life Expectancy in the United States

**Samuel H. Preston • Andrew Stokes •
Neil K. Mehta • Bochen Cao**

Figure 5. U.S. Male Lung Cancer Mortality by Cohorts

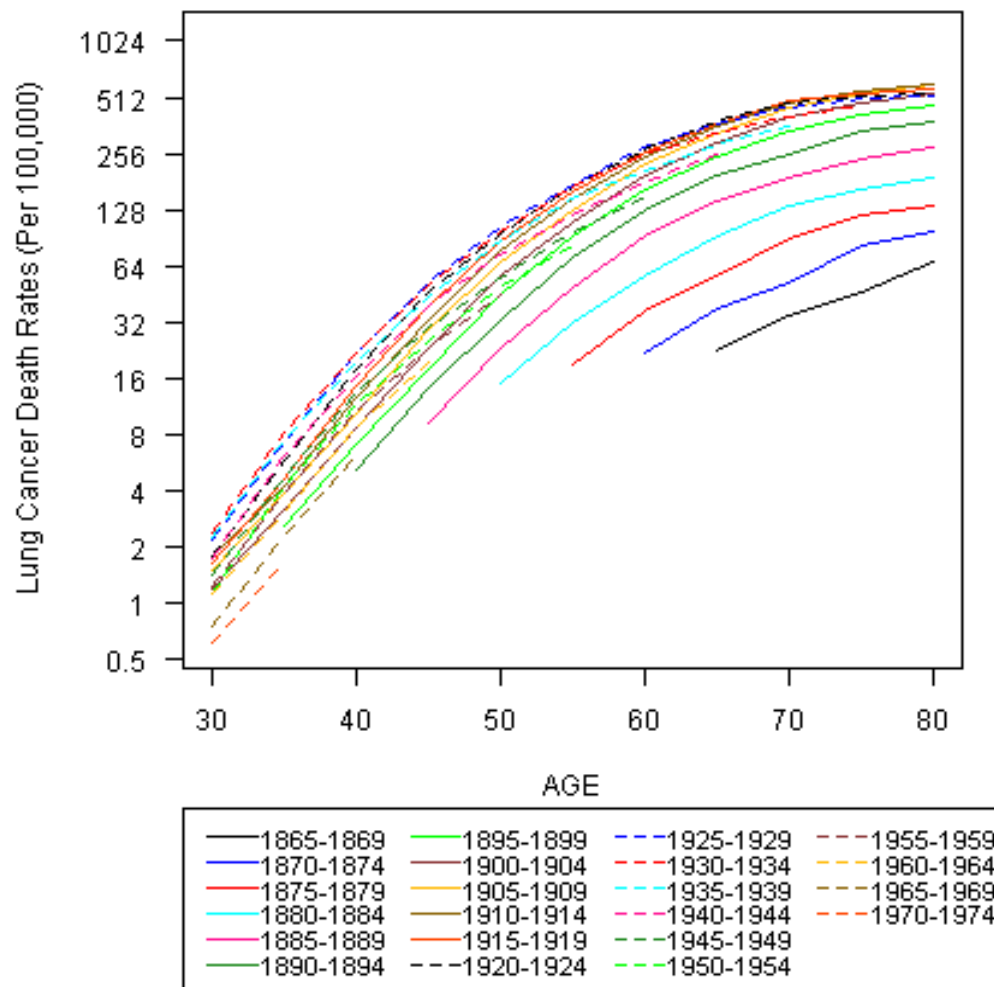


Figure 6. U.S. Male Lung Cancer Mortality by Period

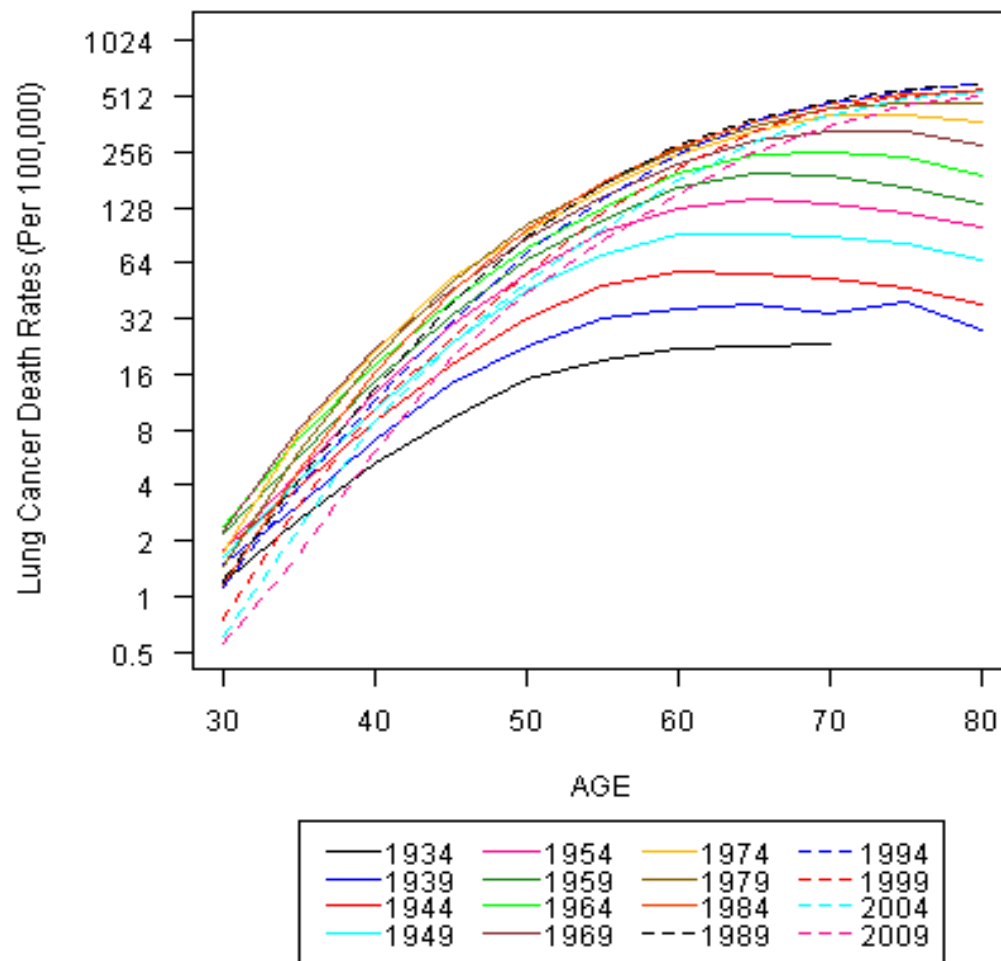
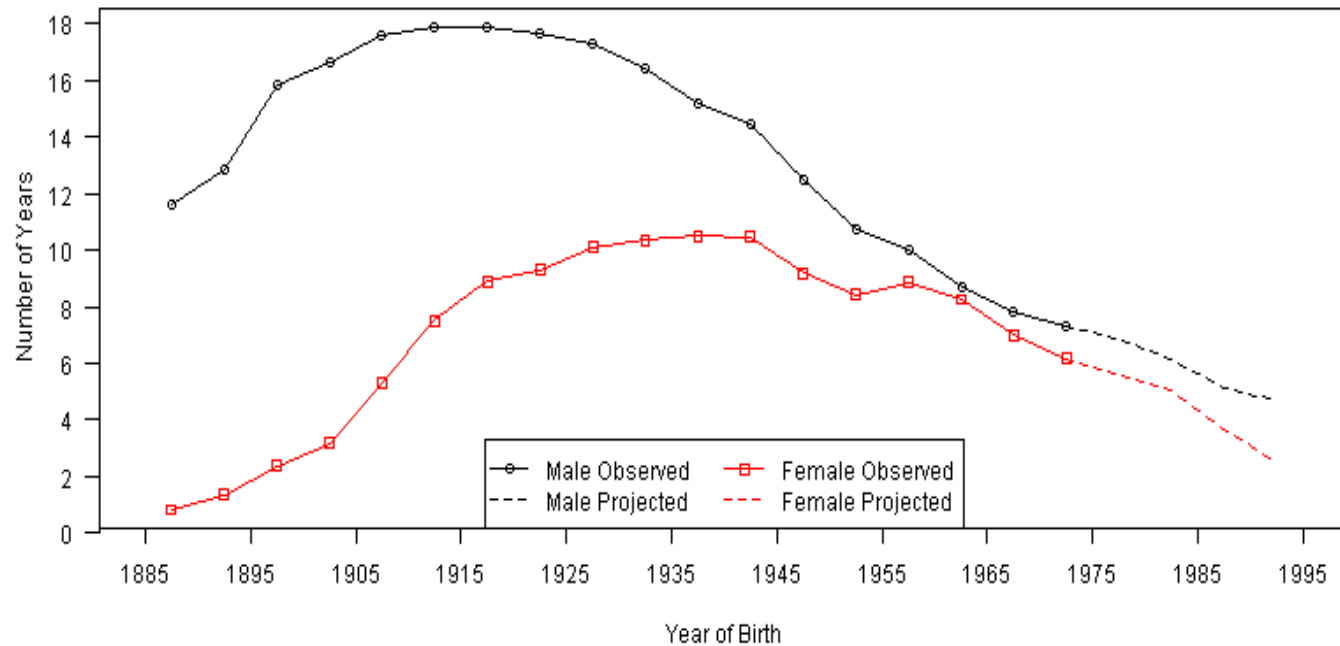


Figure 7. Mean Number of Years Spent as a Cigarette Smoker before Age 40 by Cohort



We estimate a simple age/cohort model:

$$\ln(M_a^c) = A + \beta_a X_a + \beta_c X_c + \varepsilon,$$

And then compare the cohort coefficients to smoking prevalence by cohort

Figure 8A. Cohort Coefficients Predicting Lung Cancer Mortality and Cumulative Cohort Smoking by Age 40 (Males)

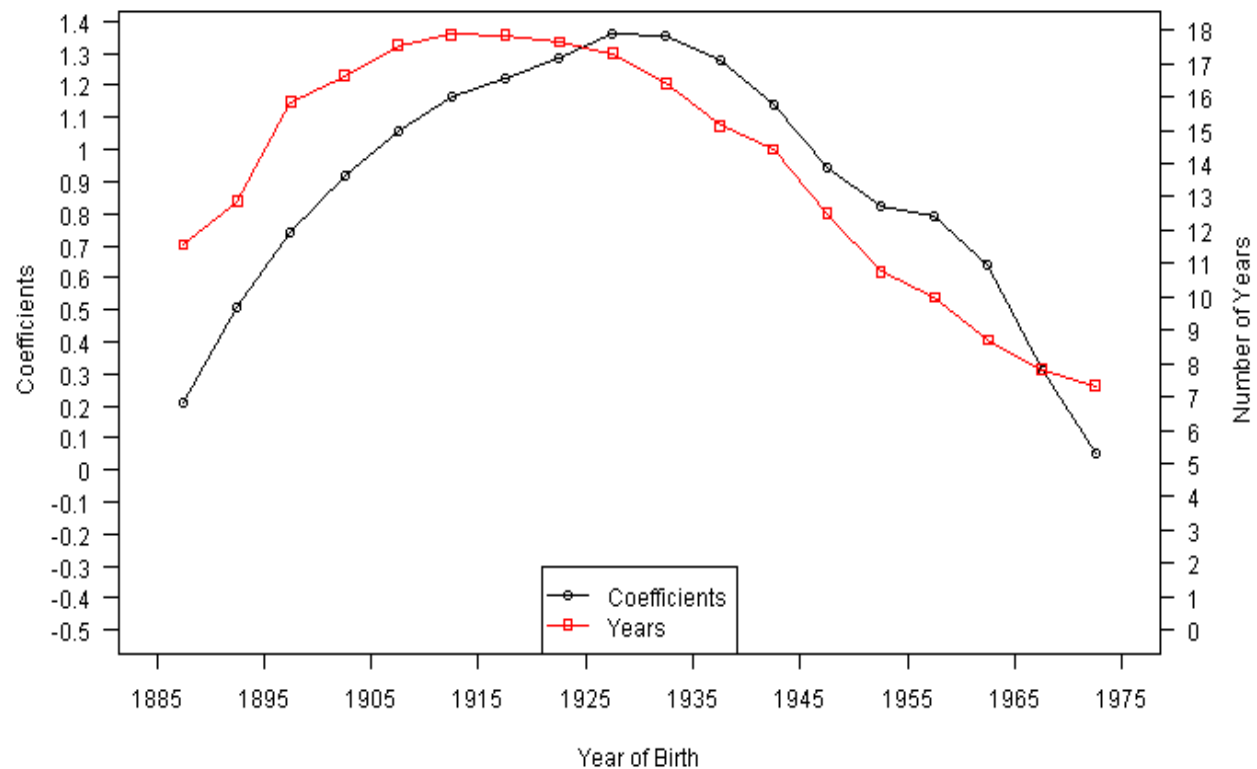
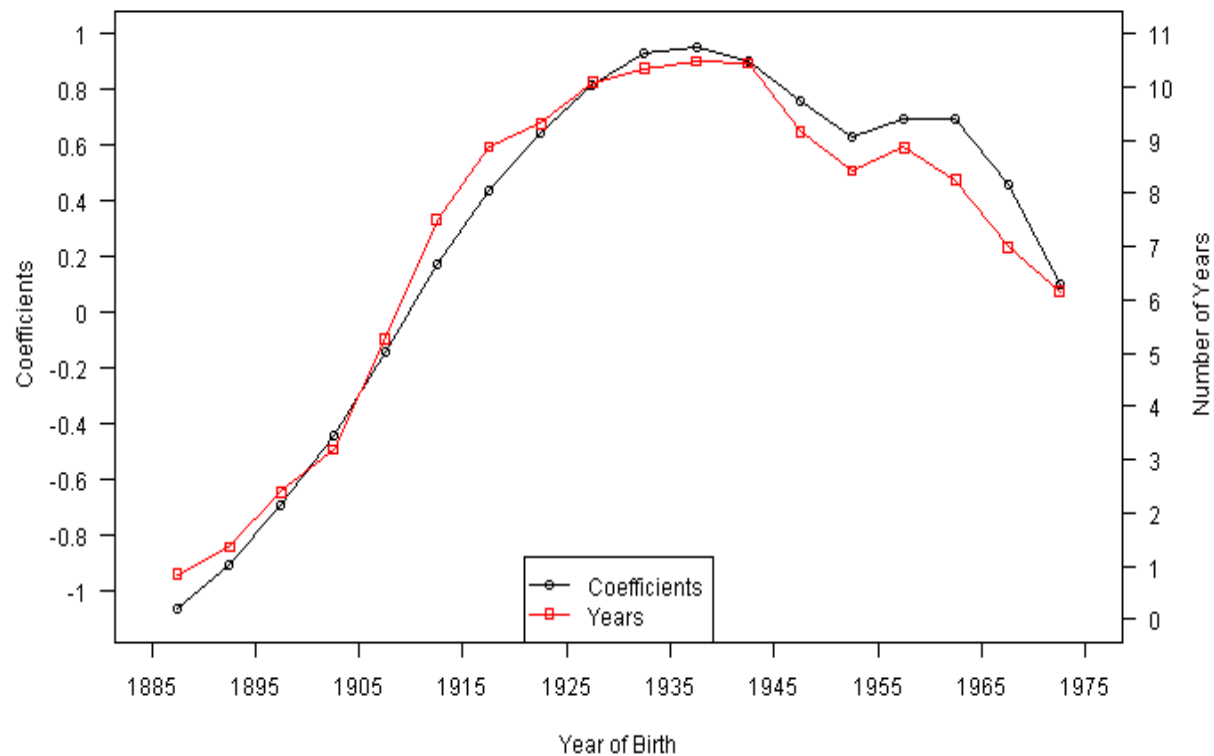


Figure 8B. Cohort Coefficients Predicting Lung Cancer Mortality and Cumulative Cohort Smoking by Age 40 (Females)



Equation for Projecting the Mortality Effects of Smoking

$$\ln M(a, c) = A + B_{\alpha} X_{\alpha} + B_s \ln S(a, c)$$

Where,

- $M(a, c)$ = death rate from lung cancer at age \underline{a} in cohort \underline{c}
- $S(a, c)$ = mean cumulative number of years smoked prior to age 40 for cohort \underline{c} at age \underline{a}
- X_{α} is an indicator of age category \underline{a}
- B_{α} is the coefficient of age category \underline{a}
- B_s is the coefficient of $\ln S(a, c)$

The Model

$$\ln M_0 = \beta_a X_a + \beta_t X_t + \beta_c X_c + \beta_{ct}(T \times X_c) + \beta_L M_L + \beta_{tL}(M_L \times T) + \beta_{aL}(M_L \times X_a)$$

M_0 is the death rate from causes other than lung cancer in a particular age/sex/period country category;

X_a is a set of dummy variables for each age group;

X_t is a set of dummy variables for each calendar year;

X_c is a set of dummy variables for each country;

$(T \times X_c)$ is a set of interactions between calendar year (linear) and each country dummy;

M_L is the death rate from lung cancer;

$(M_L \times T)$ is an interaction between M_L and year;

$(M_L \times X_a)$ is an interaction between M_L and the age dummies

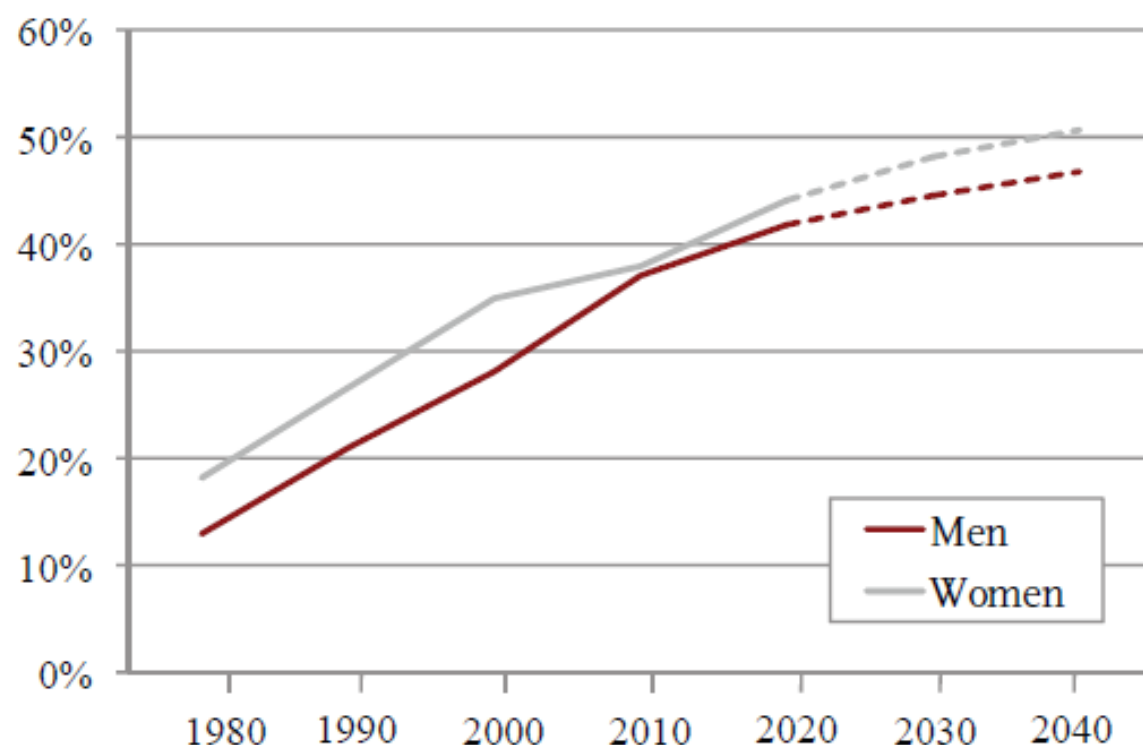
**Table 5A. Changes in Life Expectancy at Age 40 Resulting from
Changes in Smoking**

Year	Males	Females
2015	0.26	-0.03
2020	0.54	0.04
2025	0.81	0.15
2030	1.05	0.32
2035	1.31	0.62
2040	1.54	0.85

Strategy for Projecting Effect of Obesity on Life Expectancy

- Apply regression equation relating mortality to obesity at age 25 and at current age (NHANES).
- Observe and extrapolate BMI distributions for cohorts at age 25.
- Estimate future BMI distributions at older ages by assuming 10-year BMI transition matrix at level in 2000-2010.

FIGURE 1. ACTUAL AND PROJECTED TRENDS IN OBESITY PREVALENCE AMONG U.S. ADULT POPULATION, 1976-2040



Source: Preston et al. (2013).

**Table 5B. Changes in Life Expectancy at Age 40 Resulting from
Changes in Obesity**

Year	Males	Females
2020	-0.30	-0.27
2030	-0.54	-0.56
2040	-0.73	-0.82

Table 5C. Changes in Life Expectancy at Age 40 Resulting from Changes in Smoking and Obesity

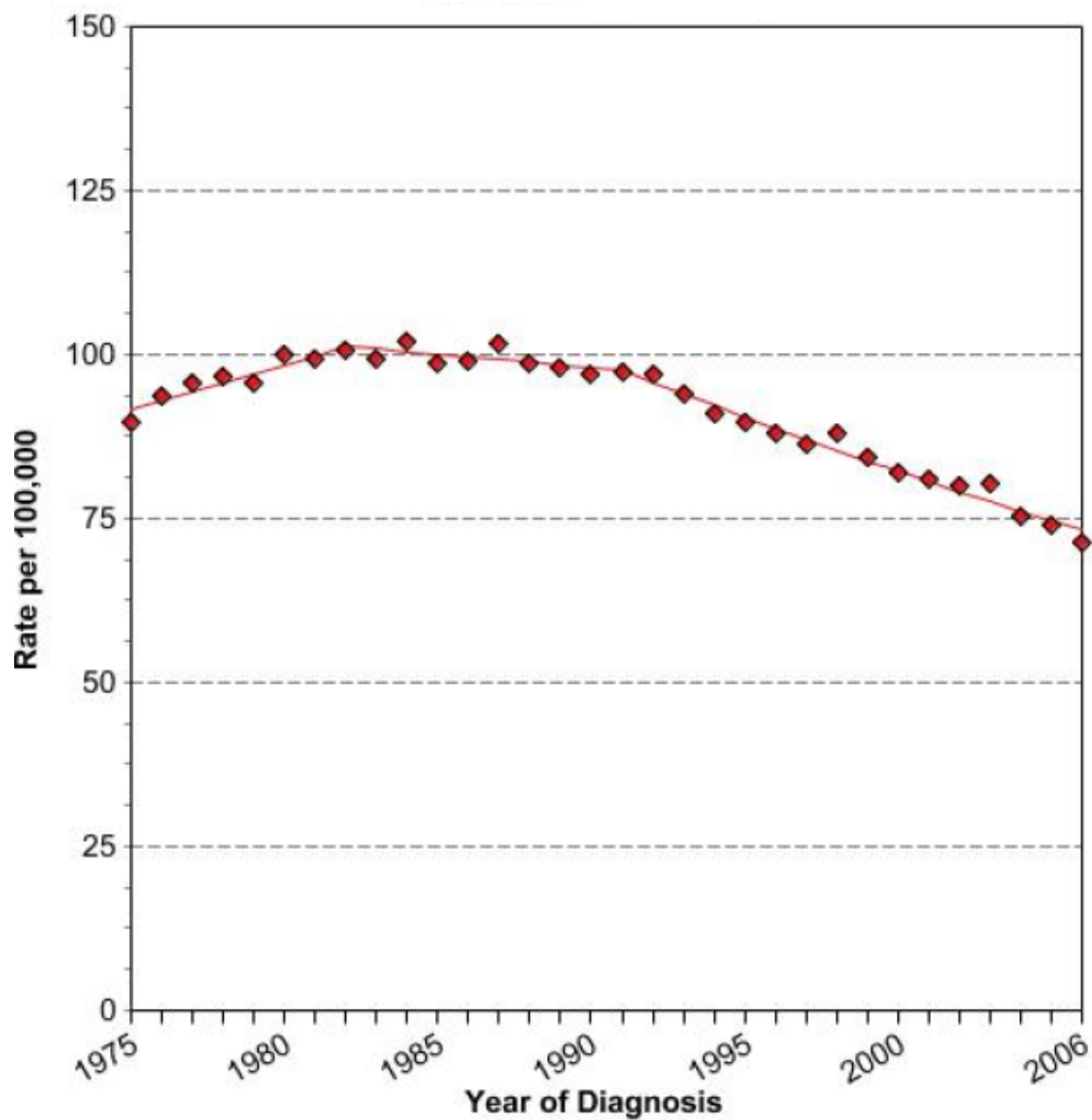
Year	Changes in Smoking Alone		Changes in Obesity Alone		Changes in Smoking and Obesity	
	Males	Females	Males	Females	Males	Females
2015	0.26	-0.03				
2020	0.54	0.04	-0.30	-0.27	0.24	-0.22
2025	0.81	0.15				
2030	1.05	0.32	-0.54	-0.56	0.53	-0.21
2035	1.31	0.62				
2040	1.54	0.85	-0.73	-0.82	0.83	0.09

Projected Changes in Life Expectancy at Age 40, 2010-2040

	Males	Females
SSA projected increase*	2.55	2.17
Gain from reduced smoking	1.54	0.85
Penalty from higher obesity	-0.73	-0.82

*Source: Felicitie C.Bell and Michael L. Miller. 2005. Life Tables for the United States Social Security Area 1900-2100. Social Security Administration Actuarial Study No. 120. Washington, D.C.

Age-Adjusted Lung Cancer Incidence Rate, US Males



Age-Adjusted Lung Cancer Incidence Rate, US Females

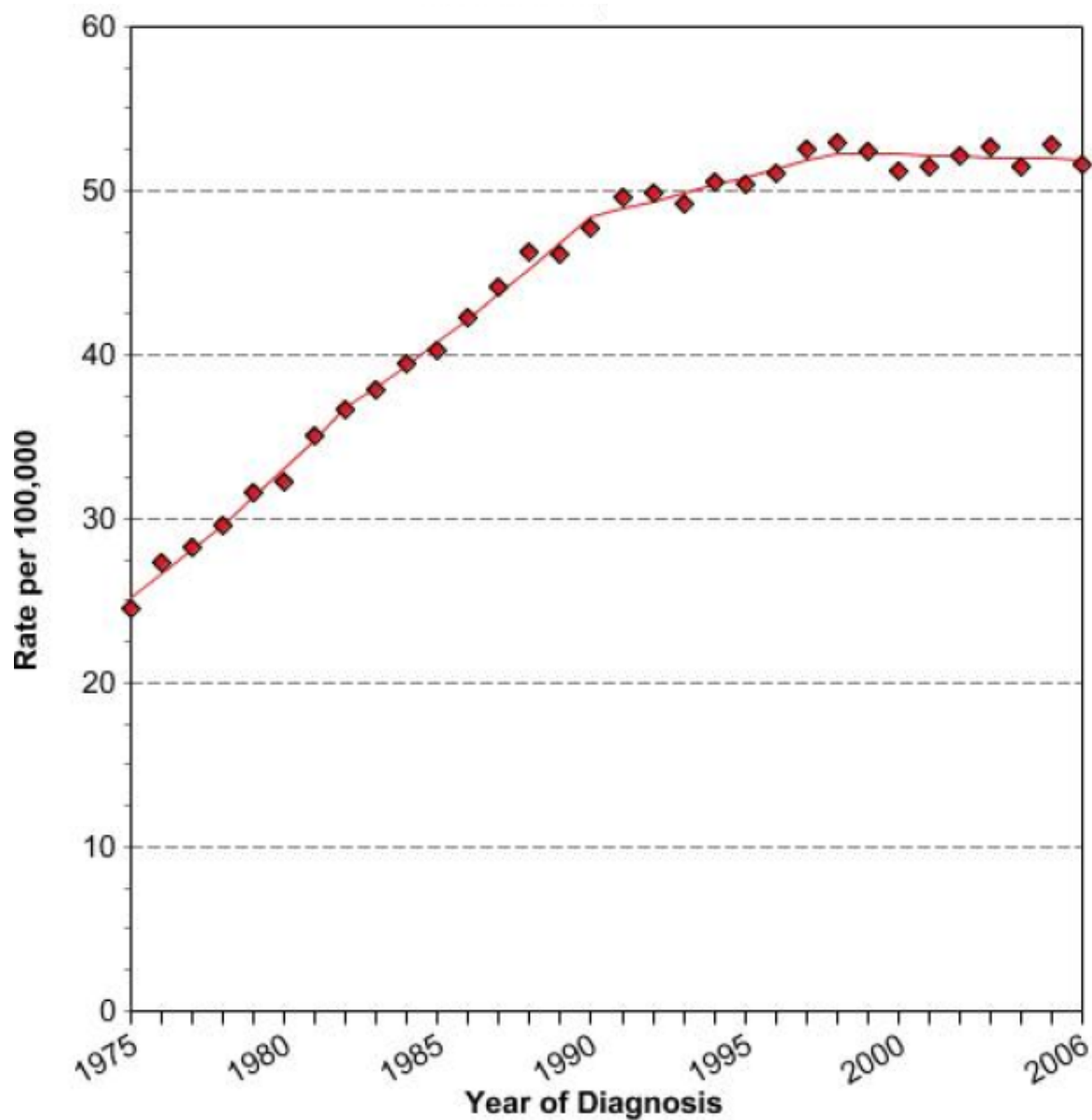


Table 3. Sex Differences in Rates of Mortality Change in the United States, by Age and Period, 1948–2003^a

Period	Age Interval						
	50–54	55–59	60–64	65–69	70–74	75–79	80–84
1953–1948	0.0221	0.0629	0.0891	0.0765	0.0625	0.0404	0.0630
1958–1953	0.0716	0.0410	0.0487	0.0712	0.0718	0.0452	0.0036
1963–1958	0.0243	0.0579	0.0269	0.0816	0.0844	0.0627	0.0216
1968–1963	0.0029	0.0179	0.0781	0.0035	0.0894	0.0672	0.0265
1973–1968	–0.0192	–0.0299	–0.0043	0.0646	0.0052	0.0453	0.0981
1978–1973	–0.0048	–0.0325	–0.0475	–0.0118	0.0291	0.0324	0.0475
1983–1978	–0.0361	–0.0201	–0.0540	–0.0628	–0.0224	0.0402	0.0220
1988–1983	–0.0245	–0.0534	–0.0350	–0.0526	–0.0415	–0.0339	0.0006
1993–1988	–0.0029	–0.0312	–0.0438	–0.0378	–0.0612	–0.0419	–0.0030
1998–1993	–0.0383	–0.0418	–0.0504	–0.0615	–0.0478	–0.0509	–0.0562
2003–1998	0.0294	–0.0104	–0.0347	–0.0431	–0.0476	–0.0505	–0.0515

Note: Shaded entries indicate positive values, indicating that men's mortality rose relative to women's.

Sources: See footnote 1.

^aSex differences in rates of mortality change are calculated as

$$\frac{M_i(t+5) - M_i(t)}{M_i(t)} - \frac{F_i(t+5) - F_i(t)}{F_i(t)},$$

where M_i = death rate for males in age interval i , year t . F_i = death rate for females in age interval i , year t .